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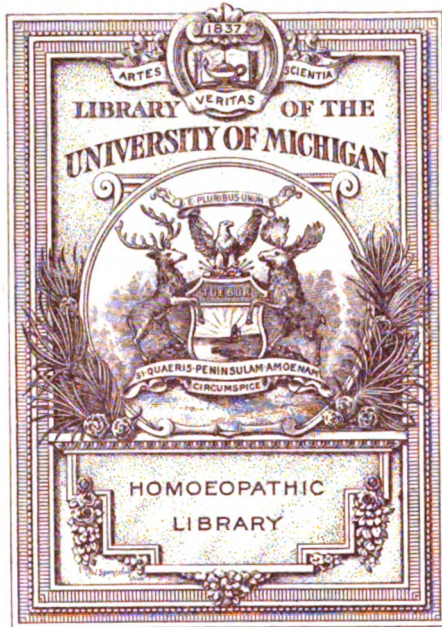
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THE GIFT OF
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THE MEDICAL FORUM

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ORIGINAL ARTICLES.

VARIOLINUM; OR, THE HOMEOPATHIC VACCINATION.*

BY STELLA E. JACOBI, OMAHA, NEB.

"What excuse has the homeopathic physician for desiring a new form of vaccination?" This question was put to me by a member of the board of health in Chicago.

Now have we an excuse? Let us take a look at the ordinary method, which is an improvement upon Jenner's barbarous way of smearing the scarified arms of the pure and innocent with the filthy corruption of the diseased bovine.

First, vaccination, although successfully performed, does not always prevent an attack of small-pox, or does not prevent a modified form, as varioloid, which may itself be as dangerous to health and life as small-pox. Then it cannot be denied that there are accidents, often traceable to impure virus, infected instruments or dressings (although the mind can scarcely conceive of anything more infectious or filthy than the virus itself), or to constitutional dyscrasias, which are frequently passed over with slight attention, but are of paramount importance. I feel safe in making the statement that there is not a physician in the hearing of my voice that has not met with these accidents, either in the primary stage, with its blood-poisoning, tetanus and abscesses, or the secondary stage, with its array of tuberculosis, scrofula, skin diseases, even to tumors and cancers.

*Read before the Nebraska State Homeopathic Medical Society, May 18, 1905.

Listen to what Dr. Fahnestock, of Laporte, Ind., says: "I have seen desperately sore arms as the result of the best of ordinary vaccination, and one case in which epithelial cancer followed in three or four months. Accidents that have mutilated the body, undermined the health, and have destroyed life itself can be credited up to ordinary vaccination. Although vaccination has been practiced for many generations (since 1796), the medical fraternity can not or has not agreed as to the exact proper performance or the frequency with which it should be repeated. It is a prophylactic measure of questionable utility, based upon unpalatable, changeable speculative theories, derived from the statistics of its friends and supporters 'for what there is in it.'" Surely "the love of money is the root of all evil."

Vaccination is evil in its principles, false in its reasoning and deadly in its results, and this outrage, of poisoning the blood to insure health, continues to afflict the human race.

Variolinum is the product of small-pox itself, being made from the clear serum from the vesicle just before it becomes pustular, although the American Homeopathic Pharmacopeia directs that it should be made of the contents of the fully matured pustule; while vaccinium is made from the contents of the vesicle or pustule of the bovine, the same as is used for ordinary vaccination. After this substance has been procured, it can be prepared for use in the following manner: 1 minim of the virus to 99 grains of the sugar of milk gives the I. trituration. 1 part by weight of the I. trituration and 99 parts by weight of the sugar of milk gives the II. trituration; all the following triturations are prepared with 1 grain of the preceding trituration to 99 grains of sugar of milk. The trituration should be done in a warm and dry atmosphere, the apparatus to be used should be perfectly clean. Hahnemann gives the *modus operandi* in his careful and painstaking way: "First, add 1 grain of the virus to about 1-3 of 99 grains of sugar of milk in a porcelain mortar; mix the medicine and the sugar of milk together for a moment with a porcelain spatula, then, after triturating the mixture vigorously for six minutes, scrape the trituration together for four minutes, then triturate again for six minutes, scrape together for four minutes as before; we now add the second third of the 99 grains of sugar of milk and mix thoroughly together; this is triturated six minutes and scraped down four and

repeated, when incorporate the third portion of sugar of milk. This is mixed, triturated and scraped together as above." This constitutes the I. trituration; the second trituration is made by taking 1 grain of this medicine and 99 grains of sugar of milk and repeat the directions as given above. So continue the potencies as high as desired. It is seldom used in lower than the III., more commonly in the 30th, and the M. and CM. potencies give splendid results. I have gone into the detail of the preparation of this remedy, so that the laity may know that we are not smuggling into their stomachs what we refuse to put on the outside.

Fincke and Swan give us the fragmentary proving of variolinum, and the symptomology is very interesting. I will give you but a few of the symptoms produced by this drug, that you may see the homeopathic relation between this and small-pox itself. The mind is disturbed, irritable, impatient, restless and nervous. Delirium in the initial fever, fear of death, morbid fear of taking the small-pox, forehead very hot, face red and bloated, carotids pulsating violently; frontal headache or stitches in temple, headache during or after chill, all over head, particularly in the forehead; the pain is severe, lancinating, throbbing by every pulsation; intolerable pain in occiput; the eyes weak, red, inflamed, conjunctivæ painfully sensitive; keratitis with small-pox or often vaccination, chronic ophthalmia, with loss of sight; pupils contracted; chronic catarrh of the nose; bleeding at nose; teeth covered with thick brown slime; tongue coated thick dirty yellow with papilla showing through, tongue looking like a mass of putrid flesh; throat very sore and red or purple, with gangrenous appearance and horrible odor; no appetite, with frequent bilious vomiting and pain and soreness in pit of stomach; stools thin, bloody, green, grass-green, painless, with intolerable fetid odor; dysentery; urine high-colored, like brandy, turbid and offensive; respirations short and oppressed, with aching in pit of stomach and pressure in region of heart; troublesome cough, with serous or bloody sputa, or it may be thick, viscid and slimy, smelling badly; stitches in chest; febrile action of heart and arteries; intolerably severe pains in back, anywhere from base of brain to coccyx, but especially severe in the lumbar region by motion; pains as if the back would break; severe aching pains in legs and arms—a break-bone sensation; severe chill, with sensa-

tion of cold water running down back, followed by fever, heat, thirst and restlessness, burning hot to touch; profuse, bad-smelling perspiration; skin hot and dry, eruption similar to cow-pox, small pimples developing at point of vaccination; pimples and blotches in various places most evident when warm. Eruption of pustules with dark red base and a roundish or oblong elevation filled with pus greenish yellow, coming with shot-like feeling in skin. This array of symptoms are so very similar to the diagnostic symptoms of small-pox that they will be easily remembered. The sharp stitching pains in head, chest and back, the offensive and fetid odor, the severe chill and high fever, together with the skin symptoms, complete the picture of the remedy on which we base our claim to a new, scientific, safe and cleanly method of preventing, abridging and curing small-pox.

Variolinum administered in the homeopathic potencies will not only immunize one from the ravages of small-pox, but they cannot be successfully vaccinated after taking the remedy, and up to the present time there is no record of persons so protected having taken the dread disease, although repeatedly exposed by nursing cases sick with small-pox.

I have the statements of forty qualified physicians in good standing in regard to the efficacy of variolinum in the prevention of small-pox, and many of them speak in the highest terms of the method. We do not want "authority for truth, but truth for authority."

W. N. Griswold, M.D., San Francisco, Cal.: "I believe the homeopathic vaccination is superior to cow-pox vaccination."

Harvey Farrington, M.D., Chicago, Ill.: "I believe that internal vaccination is far superior to cow-pox vaccination as ordinarily used. Internal vaccination is superior to the other because, when properly done, it is followed by only slight and transient symptoms, and is far more likely to remove the plan of susceptibility, as experience shows that it gives protection in the majority of cases, which is not true of crude cow-pox vaccination, as also shown by experience."

Edwin J. Clark, M.D., Denver, Col.: "I know that variolinum prevents small-pox. It is superior to cow-pox vaccination, as ordinarily used."

C. A. Canfield, M.D., Preston, Idaho.: "I believe variolinum is effective as a preventive of small-pox."

Charles M. Rorer, Chicago, Ill.: "I believe variolinum is effective as a preventive of small-pox."

H. C. Allen, M.D., Chicago, Ill.: "I believe variolinum is effective as a prophylaxis of small-pox; have known it so used. It is far superior to cow-pox vaccination as ordinarily used. It is also a remedy for patients during both mild and malignant or confluent small-pox. Will lessen the severity and cut short the time of eruption."

H. J. Needham, M.D., New Albany, Ind.: "I believe variolinum to be effective as a preventive of small-pox."

S. H. Secoy, M.D., Jeffersonville, Ind.: "I believe that the homeopathic variolinum as a preventive of small-pox is more effective and far less dangerous than ordinary vaccine."

H. C. Thomas, M.D., Kokomo, Ind.: "I believe homeopathic to be superior to ordinary vaccine. In my experience it has failed in 2 cases out of 100 when given after exposure."

W. L. Bywater, M.D., Iowa City, Iowa.: "From personal experience I will say that homeopathic vaccine is superior to ordinary vaccine. I have vaccinated people a few days previous to ordinary vaccination with homeopathic vaccine, and the ordinary did not take. It can be beaten out every time."

A. A. Fahnestock, M.D., Laporte, Ind.: "I believe the homeopathic vaccine to be superior to ordinary vaccine."

W. S. Simpson, M.D., Des Moines, Iowa: "I most emphatically believe that variolinum is superior to ordinary vaccine."

W. T. Mullen, M.D., Henderson, Ky.: "I believe the homeopathic remedy to be a much better preventive of small-pox."

J. T. Nevins, M.D., Harrodsburg, Ky.: "There is no doubt in my mind but the internal vaccination is the rational and only form of rendering a person immune. It is less dangerous than ordinary vaccination. It is safe, sure, sensible, and, if it does not prevent, will always modify a case, so it is no trouble to control."

O. P. Blotchley, M.D., Kansas City, Kas.: "I have vaccinated from 500 to 600 persons with homeopathic vaccine, and the regular health officer could not find more than four or five cases where it did not take."

THE MEDICAL FORUM.

William W. Lemon, M.D., Olathe, Kas.: "I have used internal vaccination for years and have never had a failure. Of late years I refuse to use vaccine matter in or under the skin, to avoid being a party to crime, for, with my experience, it would be such to introduce a poison that might disfigure a patient for life."

A. C. Pattee, M.D., Greensburg, Kas.: "I believe the homeopathic vaccination is the most rational of any."

Edward H. Holbrook, M.D., Baltimore, Md.: "I believe homeopathic vaccination to be superior to ordinary vaccination, and an effective preventive of small-pox."

A. D. Bowman, M.D., Lewiston, Me.: "I believe the homeopathic vaccine to be an effective preventive of small-pox."

A. E. Baker, M.D., Winterport, Me.: "I believe the homeopathic vaccination is far ahead of ordinary vaccination."

H. E. Messenger, M.D., Des Moines, Iowa: "I believe the homeopathic vaccine is an effective preventive of small-pox if not limited to one dose of variolinum. I believe it to be superior to ordinary vaccination, and the only rational method."

F. Austin Stowell, M.D., Lawrence, Mass.: "I believe the so-called homeopathic vaccine to be an ideal preventive of small-pox."

Ernest Clark, M.D., Ann Arbor, Mich.: "I have had an extensive experience with homeopathic vaccine, and always found it effective."

E. J. Post, M.D., Bertamont, Mich.: "I believe the homeopathic vaccination is an effective preventive of small-pox."

Ervin Davis Brooks, B.S., M.D., Ann Arbor, Mich.: "I believe the homeopathic vaccination to be a better preventive of small-pox than ordinary vaccination, and harmless."

Frank S. Davis, M.D., Quincy, Mass.: "I believe the homeopathic method of vaccination to be as good as any form, and much safer, as in that way you can avoid the laceration and open sores."

A. L. Fisher, M.D., Elkhart, Ind.: "I believe the homeopathic vaccination to be absolutely safe and just as effective as the ordinary vaccination."

Wm. Tyler, M.D., Niles, Mich.: "I believe the homeopathic vaccine to be as effective as and much less dangerous than the ordinary vaccine."

John C. Nottingham, M.D., Bay City, Mich.: "I have used no other but the homeopathic vaccine for thirty years and have never been disappointed in the result."

Carl A. Colburn, M.D., Homer, Mich.: "Homeopathic treatment when rightly used, will cure 99 out of 100 cases of small-pox."

R. E. James, Boston, Mass.: "I believe homeopathic vaccination is an effective preventive of small-pox."

Sylvester Kociell, M.D., Medicine Lodge, Kas.: "I believe the homeopathic method of vaccination is a good preventive of small pox, besides being absolutely safe."

W. A. Dewey, Ann Arbor, Mich.: "I believe the homeopathic vaccine to be of great value and much safer than ordinary vaccine."

Byron Deffendorff, Fowlerville, Mich.: "I believe the homeopathic vaccine is an effective preventive of small-pox."

Mary Rees, Milliner, Boston, Mass.: "The homeopathic treatment of small-pox will render it a disease no more to be dreaded than measles."

G. W. Simmons, M.D., Sudlersville, Md.: "I believe homeopathic vaccination to be an effective preventive of small-pox."

A. H. Kleiser, M.D., Eminence, Ky.: "I believe the homeopathic vaccine is an effective preventive of small-pox."

Chas. Allen Martin, M.D., Mt. Clemens, Mich.: "I have more faith in the homeopathic treatment of small-pox than I have in the method in general use."

Jos. Scheidler, M.D., Flushing, Mich.: "I believe the homeopathic vaccine would be much safer than the ordinary vaccine."

Dr. A. M. Linn, of Des Moines, has given some forcible arguments in favor of the new vaccination, variolinum. He and his colleague have accumulated a large number of attested statements from the laity in regard to the efficacy of variolinum as a preventive, which make very interesting reading. These statements were collected to present to the State Board of Health to compel them to accept the school-children's certificates of immunization signed by homeopathic physicians, and I understand the State Board of Health has recently so decided.

Now, friends, is it not time that we of the Nebraska State Homeopathic Medical Society take up this matter with the State Board of Health and bring them to a realization of our rights?

They should give us and our superior methods recognition, and it is my desire that this point be taken up by this body, and at this session, and pushed to a successful issue; for it is a fact, that there is no better, safer or surer prophylactic for small-pox than variolinum, the homeopathic vaccination.

THE SELECTION OF THE REMEDY.*

BY J. S. SMITH, M.D., KANSAS CITY.

Homeopathy being based upon a positive law, the selection of the remedy, with the aid of a Repertory, is very simple in theory, but every true physician knows that it is far from easy in practice. In the first place, the symptoms on which to base the prescription are not always readily recognized; and in the second, repertories, like encyclopedias and commentaries, generally contain almost everything that we don't care for and say nothing on the point on which they are consulted. Anything, therefore, that will aid in the selection of the remedy must be of interest to the conscientious prescriber.

The first and most important step is "taking the case," and it is here so many of us fail. Pathology and diagnosis, interesting and important as they are, do not form the foundation of the prescription, and, as far as possible, should be put out of the mind until after the symptoms have been carefully noted; otherwise, the mind will be unconsciously biased, and we will find ourselves looking for something we have preconceived and failing to notice that which might be of vital importance in the correct picture of the individual patient's symptoms. It is the patient, not the disease, that is to be prescribed for; the *whole man*, not one or more diseased organs or disordered functions. The symptoms *alone* are the guide to the true homeopath.

To do this, in any case that involves study, and there are few serious cases that do not, there is no way possible but to write out the record at the bedside of the patient. It is impossible to trust to memory, for the exact language of the patient is often of the utmost importance. This cannot be better expressed than in

*Read before the Kansas City Homeopathic Medical Society.

the language of the Organon: "The patient narrates the history of his complaints; his attendants narrate what they have heard him complain of, and describe his behavior, and other circumstances they have observed. The physician will observe, by means of sight, hearing and touch, what is changed and abnormal about the patient, and write down everything in precisely the same expressions used by the patient and his attendants. He quietly allows them to finish their story, if possible without interruption." (§ 84.)

"At the end of each statement of the patient or attendants, the physician will begin a new sentence in writing, so that the symptoms may be noted separately, one beneath the other. This will permit the subsequent addition to statements which were indefinite at first, but afterwards were repeated more distinctly." (§ 85.)

"When the patient and attendants have ended their statements of their own accord, the physician supplies each symptom with a more precise definition, to be obtained by reading over the single symptoms communicated to him, and here and there instituting particular inquiry. In this manner every attack or circumstance alluded to by the patient should be made the subject of careful inquiry and description." (§ 86.)

Avoid questions which can be answered by a simple "yes" or "no." (§ 87.)

"Inquiry should be made without leading questions, so that the patient or attendant may be obliged to make special statements." (§ 88.)

"After the patient (who should be trusted in regard to the expression of his feelings, except in imaginary diseases) has properly completed the picture of his disease, and given the desired information by voluntary and unbiased statements, the physician (if he considers the information still imperfect) may find it necessary to ask some specific questions." (§ 89.)

Examples of these questions will be found, and are worthy of special study, in note (§77).

Note everything, for often that which seems at the time unimportant may be the very thing that will serve to differentiate between remedies.

Pay particular attention to mental symptoms (for the mind, more than anything else, expresses the individual), the modalities, ameliorations and aggravations; also to their times. Be on the look out for peculiar symptoms of any sort.

But do not mistake modalities for symptoms. "The symptom is the sensation or condition; the modality is only a modification. The symptom often becomes particular or characteristic; then it is a modality. What is common to any given disease is not a peculiar symptom. Pathognomonic symptoms are not to be used to individualize by; they are never peculiar. The individuality of the patient manifests itself by peculiar symptoms which are nearly always prominent, and are always looked for by the true healer." (Kent.)

The case being taken, the next thing is the selection of the remedy, and here two books are essential—the Repertory and the *Materia Medica*; the one cannot be used without the other.

There are many ways of using the Repertory, but the one to be described has been found by the writer to be the simplest and, on the whole, the most satisfactory:

1. Rewrite the case and group the peculiar and uncommon symptoms according to the schema in the *Materia Medica*, numbering each symptom accordingly.

It is the totality of the peculiar and uncommon symptoms that must be covered by the drug, but remember that a symptom may be very peculiar as a concomitant to one disease and not so at all with another; *e. g.*, thirst with fever would not be a peculiar symptom, but absence of thirst with fever would be. "Peculiar or uncommon" does not consist in the symptoms, but in the concomitance, or association, and should always be covered by the drug prescribed.

2. Have a blank sheet prepared on the left margin of which are written or printed in alphabetical order all the remedies given in the Repertory.

Now go over the case, seeking in the Repertory, under the general rubrics, the symptom noted, and write opposite each remedy the numeral designating that symptom on the case-sheet; then look at the sub-rubrics for particulars, marking with an under-score, note, or otherwise any particular of importance. When all the guiding symptoms have been gone over in this way, it is easy

to note by observation which remedy has been indicated oftenest or covers the most characteristic symptoms.

Remember that diagnostic symptoms are, as a rule, of little value as an aid to prescribing. Hahnemann says: "In making this comparison (between the totality of the symptoms of the disease and those of the proved drug) the more *prominent, uncommon and peculiar* (characteristic) features of the case are especially and almost exclusively considered and noted; for *these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease and to almost every drug." (§ 53.)

"The whole art of prescribing," says Dr. Lee, "consists in finding for each patient that drug whose "particular effects" are most similar to the *totality* of the peculiar and uncommon symptoms exhibited by the patient. This, of course, excludes prescribing upon one symptom, as has become somewhat a fashion. These single symptoms, however, are very useful in indicating what drug or drugs one should study."

Having found what seems to be the remedy, it is necessary to take up the *Materia Medica*, and to examine carefully the whole proving of the drug. Such an examination is too often omitted, and we therefore fail to find counter-indications to its use, and are unable to differentiate it from some other which may be in many respects like it and yet not possessing the peculiar symptoms that are most highly characteristic of the individuality of the patient.

Special repertories of different diseases are very useful, provided, but only provided, they are supplemented by this study of the whole proving of the remedy apparently indicated. The homeopathic physician must prescribe for the *whole* man, not a part of him only.

It is useless, however, to go to all this trouble and then prescribe remedies in alternation. "Each drug," says Hahnemann, "manifests particular effects in the human body; and no other drug will produce effects of exactly the same kind." (§ 118.) And in a foot-note: "Some homeopathic physicians have tried the plan

of administering two medicines at a time, or nearly so, in cases where one remedy seemed to be homeopathic to one portion of the symptoms of the disease, and where the second remedy appeared to be adapted to the other portion; but I seriously warn my readers against such an attempt, which will never be necessary, even if it should seem proper." (139.)

Alternation is a confession of ignorance or laziness; the prescription is not for one or more symptoms, but for the *whole* sick man; remedies do not act on a part, but on the whole of the organism, and while we are trying to combat one set of symptoms with one remedy we are setting up drug action of a different sort which serves to confuse the development of the case and the drug action of the other remedy. If it is advisable, because we have failed to discover the correct *similimum* to the totality of the peculiar symptoms, to give two remedies, why only two? In cases that seem to be more complicated, should we not give three or ten? That would surely be equally logical.

The Law is immutable, it will never fail in any curable case; the failure is *always* due to our failure to conform to the Law, and it is the duty and life-work of the true physician to learn how to do so in the most perfect manner possible. There is no easy road to success in Homeopathy—it means work, and hard work, to the end; but the rewards, in the shape of the gratitude of the sick and the joy of the performance of duty, more than repay the labor involved.

GASTRALGIA; A CASE.*

BY DR. MACLAY LYON, KANSAS CITY, MO.

Gastralgia, according to the definition, is a painful condition of the sensory nerves of the stomach, induced by various sources of irritation, characterized by violent paroxysms of gastric pain and spasm, associated with feeble cardiac action, symptoms of collapse, but no disorders of digestion.

We are told that its causes are more or less obscure. It is observed in cases of neurasthenia, certain forms of anemia and in those nervous, highstrung individuals who "live on their nerve."

*dend before the Kansas City Homeopathic Medical Society.

It may occur in those apparently physically sound, and the cause will therefore be difficult or impossible to find.

The paroxysms of pain are terrific—equaled only by gall-stone colic. The prostration and weakened heart action are similar to that of acute indigestion and ptomaine poisoning.

The typical case has not altered digestion, but the patient may vomit during paroxysm.

A Case.—Man, aged 41 years; a candy-maker. Physically strong; history of frequent attacks of pain in region of his stomach, usually at night. Paroxysms were very severe, morphine being used to relieve, with only partial success. Pains lasted from one-half to three hours.

In the attack of which report is here made, pain began in the stomach about 3:30 a. m. The ordinary home remedies were exhibited with no relief. The paroxysms increased in frequency and intensity, the pains centering just above the umbilicus, and radiating in all directions. Colocynthis was given him in draughts of hot water. After the second glassful, he vomited diluted gastric juice and mucus, showing that the evening meal had been digested. The attack gradually terminated, and, after sleeping four hours, he partook of a light breakfast. The following day he returned to his work. Aside from a slight soreness in the abdomen, he felt well. His digestion was good and appetite fair. He was given graphites for a week, and a course of electrical treatments begun. The galvanic current was used, being applied as follows: the positive electrode, a large spongio disc, was applied to the spine at from the eighth to the eleventh dorsal vertebræ. The negative electrode, a small sponge, was applied to the anterior abdominal wall, covering the outline of the stomach. Treatments were given every day for a week, ranging from four to eight minutes. From 8 to 12 milliamperes were used for four days, and gradually increased to 25 milliamperes for the rest of the course. Twelve treatments were given in twenty-four days, when the case was discharged.

The patient has not had a recurrence of gastralgia in eleven months. Previous to the treatments, he had suffered from them every month or six weeks, and sometimes as often as once a week.

AN HOUR WITH EXCHANGES.

PNEUMONIA.

The New Albany *Medical Herald* (1905, pp. 641-647) contains three articles on this subject, written by Drs. A. V. Baker, J. Louis Snow and J. A. Cominger, from which we take some facts and present them here, without giving each of the writers individually credit for his utterances in every case.

Pneumonia is in the twentieth century as frequent and almost as fatal as ever. Our advance in civilization and knowledge of the laws of sanitation and even our mode of treatment have not influenced the ravages of this so eminently fatal disease.

"The aged and the very young are more susceptible to it—males more than females. The right lung in males and the left lung in females is more likely to be affected. The lower lobe of the lung is the portion usually attacked. Pneumonia is not generally double, but when so, the danger is greatly increased. The constitutional condition, good or bad, is favorable or unfavorable. Those given to intemperance, bad living, irregular habits and dissipation, generally, are hindrances unfavorable, comparatively, such furnishing a greater per cent of fatality. So, also, persons in malarious localities are more likely to succumb to the disease than persons of similar age and make-up who may be similarly attacked, free of malaria. Typhoid fever, measles and the various exanthemata are frequently succeeded by pneumonia. A cold or sudden lowering of temperature is most frequently the exciting cause, and croupous pneumonia is the form most frequently met with, and involves an entire lobe or lung, and, when lobar, is usually seated in the lower lobe of the right lung."

Some forms become especially dangerous because of the insidiousness of the attack. So mild is often the onset in the various forms of lobular pneumonia that the stage where treatment is most effective is often past before the patient is deemed sick enough to need a physician. The typical forms of lobar pneumonia, especially when complicated with pleuritis, do not present

this danger. In them the stage of congestion brings often so much anguish and pain that a physician is called without delay.

"In the second stage, usually called the stage of red hepatization, the air-cells and bronchioles become filled with a solid exudation and do not contain air.

"In the third stage, or stage of absorption, the red-blood corpuscles lose their coloring matter, the pus cells undergo fatty degeneration, the fibrin becomes granular, and an effusion of serum takes place; in this stage the affected lobe is in one of two conditions.

"If the disease pursue a favorable course, the third stage begins, when it is evident that absorption of the exuded matter is going on, and convalescence takes place during this period; this may be called the stage of resolution. However, if the disease pursue an unfavorable course, just here it is called the stage of purulent infiltration; when this occurs, the disease usually ends fatally."

People that are full-chested, fleshy and plethoric are more frequently subject to attacks of pneumonia than those having the opposite qualities. And in them the disease becomes more severe and fatal.

"When pneumonia attacks people in middle life and beyond, the chances are not only more unfavorable, but we are more likely to be confronted with double pneumonia in those of advanced life than in younger people. And the reason seems apparent—the resisting power of the aged being less in proportion than in younger and more vigorous subjects; hence, the malady becomes more diffusive in proportion to the resisting power. It is usually fatal in the old and feeble, and may be said, in truth, to be a deadly foe.

"Prognosis of pneumonia need be guarded. Statistics show it to be the most fatal of all diseases, especially in people of sixty years of age and up. We need, therefore, be guarded in prognosticating as to the outcome in old and very young, and, really, in any and every case of this to-be-dreaded disease.

"Plethoric people, especially with unfavorable dyscrasia, are undesirable patients; beer-drinkers and the intemperate generally are more likely to succumb to pneumonia than those of like age and constitution who lead temperate lives.

"Cases of albuminuria end life with pneumonia frequently as a sequel. Any bodily condition with retained excrementitious matter, from kidneys, indolency of cutaneous exhalents, various blood changes; predispose to and render pneumonia intractable. Withal, persons who have had it once are more susceptible to succeeding attacks."

The treatment given by these three writers presents only a few points of similarity. Dr. Baker mentions bryonia in the congestive stage. Sanguinaria (tincture), 15 drops to 1 ounce of glycerine and 3 ounces of water; teaspoonful every half to three hours.

Dr. Snow thinks that quinine and Dover's powders, given in the first stage, is the best to be done. Strychnine in heroic doses (1-30 grain every three hours), and cold water to head and chest. Dr. Cominger thinks a great deal of alcoholic stimulants and predigested ox-blood. Other medicines he does not mention.

It is not very instructive reading, that chapter of "Regular Treatment of Pneumonia." In fact, to one who is accustomed to have ten, twenty or more doctors meet and discuss the subject of pneumonia, and not only agree on the general principles of treatment, but mention almost all the remedies to be administered, it is puzzling to note how without rule or regulation, to say nothing of regularity, these our friends are when they touch this important subject.

Yes, the homeopath knows what he is about when he administers aconite, bryonia, belladonna, phosphorus, chelidonium, sanguinaria or tartar emetic. He knows that he is not experimenting, for every homeopath, for more than a hundred years, has been using these remedies for the same indications, and every one of the many thousands of homeopathic physicians that now practice in this world would give the same remedies for the same indications and confidently expect good results.

And herein is food for thinking physicians.

Regurgitation of food, mixed with saliva, occurring immediately after the act of swallowing, is the diagnostic sign of esophageal stricture.

THE ART OF SHAMMING DISEASE.

In the London *Lancet* of January 7, 1906, is outlined some of the methods and purposes men and oftentimes women have for shamming physical and mental weaknesses. Says the writer:

"Probably the commonest motive is the wish to obtain contributions from the charitable and thus to prevent the necessity for working, which is extremely distasteful to these professional beggars. Ulcers and paralysis are the usual forms in which this motive manifests itself. Fits of all kinds are, however, frequently simulated, especially fits of an epileptiform nature, and in cases where the malingerer has had opportunities of observing some one afflicted with epilepsy the resemblance to the true epileptic seizure may be extraordinarily great; the frothing or the mouth is usually brought about by means of a small piece of soap, the discovery of which in a 'patient's' mouth would, to say the least, cause the fits to be looked upon with grave suspicion. The fits are usually also rather overdone, and it is a common failing of the malingerer that he is not satisfied with a reasonable amount of disease."

Another motive is to gain admission to the comforts of a hospital.

"This form of malingerings is especially likely to be successful when there is some obvious lesion which may form a basis for the superstructure derived from the patient's imagination. In one case a young man a few years ago received a severe blow on the head and even now some irregularity can be detected on the skull. He describes attacks of Jacksonian epilepsy, and, as the lesion is situated over the motor area of the corresponding side of the body, he readily gains admission into a surgical ward. He will even agree to have an operation performed for the removal of the damaged portion of the cranial bone which is supposed to be causing his fits, though curiously he never has a satisfactory fit except when alone. His custom is to decline the operation when the day fixed for its performance arrives, and on leaving the hospital he attempts, generally successfully, to repeat the performance elsewhere.

"The amount of pain and discomfort which malingerers are willing to endure to obtain their . . . is almost incredible, but

the facts are well attested. A limb has been held in a fixed position for many months, and not even the application of the actual cautery has sufficed to move it. Many men have chopped off some fingers and have claimed that it was an accident. Mental derangement of one sort or another is a favorite form of malingery, but the results usually resemble the popular or stage idea of insanity rather than the true products of mental alienation.

"Another frequent motive for malingering is to attract attention not for the purpose of obtaining money, but merely to gain notice. This motive is most frequently seen in young, unmarried women. The most common manifestation is to be round in the skin, where ulcers, bullæ, and other lesions suddenly appear. Simulated joint affections are also not rare, and there are many other forms. These cases merge imperceptibly into hysteria, and indeed in many hysteria is combined with the wish to deceive."

"There are other causes for simulating disease or injury. Sometimes it is done to avoid punishment, sometimes to wreak vengeance on another person, who is accused of having inflicted the injury. To obtain compensation for injury in a railway accident several lesions may be simulated, and especially those obscure and ill-defined conditions which have been attributed to 'spinal concussion.'"

"The threat of the application of the actual cautery has cured paralysis, but cases have been recorded where malingerers have endured the cautery on several occasions. A man who simulated blindness was placed on the edge of a jetty and told to walk straight forward. He stepped out and fell into the water, for he knew that those who were testing him dared not let him drown. In another case, however, a man who seemed to have paralysis of an arm allowed the amputating-knife to be placed close to it without flinching, but when thrown into the river, he struck out with both arms and swam. A very useful method of detection is the suggesting of new signs and symptoms to the patient. The surgeon remarks—say in the case of a paralyzed arm—in the hearing of the malingerer, that it is strange that the little finger is flexed, it ought to be straight. In all probability at the next visit the little finger will have assumed the suggested position. In general anesthesia we possess a valuable means of discriminating in certain cases between true and false paralysis or contractures.

While the patient is just going under or recovering from anesthesia the 'paralyzed' limb may be seen to move freely. In the detection of cases which we imagine to be examples of malingery it is important that no methods should be adopted which can do harm should our supposition be groundless, for it is far better that many impostures should succeed than that one real sufferer should be condemned uselessly to undergo further pain. It is no more than a mistake to be deceived by a malingerer; it is almost a crime to deal harshly with one who is really afflicted with disease."—*Medical Counsellor*.

MODIFICATIONS OF THE PULSE UNDER THE INFLUENCE OF COUGHING.

Gaultry has done some interesting work on this subject, from which he believes that the modifications of arterial pulsation due to coughing, are due not only to a mechanical action, but also to a nervous action. In normal subjects, the cough increases the frequency of the pulse and the arterial tension, and communicates to the rhythm of the pulse only a very temporary irregularity. In subjects with affections of the respiratory apparatus, the frequency of the pulse and the arterial tension are increased by coughing, and the irregularity of the rhythm is very marked during the efforts of coughing. The duration of these modifications is longer than it is in the normal state. It increases with the youth of the individual, and with the weakness of the initial arterial pressure. In the case of whooping-cough without complications, the cough increases the frequency of the pulse and arterial pressure in a very marked fashion. In emphysematous patients, the cough increases the frequency of the pulse and the arterial pressure, and communicates to the pulse a very marked arrhythmia. These modifications are less marked and of short duration in aged patients, and particularly in those afflicted with dilatation of the right heart. In pneumonia, the frequency of the pulse, which is slightly increased by coughing, persists for a long time, while the arrhythmia exists only at the time of the cough. In an asthmatic attack, the cough increases the frequency of the pulse and the arterial pressure, but its ef-

fects are slight in relation to the pressure. In aortic insufficiency coughing increases slightly the frequency of the pulse and arterial tension, while arrhythmia exists only at the time of the shock of the cough; the duration of these modifications is very short. In mitral insufficiency, coughing increases for some time the frequency and arrhythmia of the pulse as well as the arterial pressure.—*Revue Française de Médecine et de Chirurgie*.

TREATMENT OF THREE HUNDRED PATIENTS BITTEN BY RABID. WOLVES.

Bades (*Zeitschrift für Infektionskrankh.*, Bd. 47), after exhaustive experiments with the Pasteur treatment combined with his serum, succeeded in curing the severest form of rabies. Of the 300 cases treated, all were infected by rabid wolves, which are known to produce the most virulent infection. Cases with fourteen to twenty days' incubation were saved. The deaths, which were an extremely small percentage, could only be attributed to the newness of the treatment.—*The Medical Age*.

Abdominal rigidity is a constant symptom in all irritations and inflammations of the peritoneum, and is, therefore, a valuable sign in the diagnosis of the presence of foreign materials in the peritoneal cavity, even before inflammation has ensued.

It is a fairly accurate index to the severity and extent of a peritoneal implication and is, therefore, valuable in observing the course and estimating the severity of a peritonitis. It is a more reliable sign than pain or tenderness in the diagnosis of perforation occurring in typhoid fever.—*J. A. Blake, in Int. Jour. of Surg.*

Hematuria, pyuria and painful urination, not connected with acute sepsis, should always lead us to examine for tubercle bacilli, for renal tuberculosis is the condition most frequently existing under such conditions.

THE MEDICAL FORUM.

A Monthly Journal Devoted to the Interest of the Homœopathic Profession.

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EDITORIAL.

GREETING, NEW YEAR, 1906.

A new year has begun. Aware of this fact, the Medical Forum sends hearty greetings to its readers. It is a message of good-will. This may not transfer any real benefits, but by doing so the Medical Forum reveals the fact that it has an interest in the welfare of its patrons, and therefore hopes that perfect happiness may be their lot in the days of A. D. 1906, and all that may come thereafter. The term "happiness" is not equivalent to the word "success." For, while it is difficult to conceive that state of mind known as perfect happiness in a doctor whose career lacks success, we must always remember that a large, lucrative practice

does not include real happiness; an office equipped with all the modern appliances, a waiting-room crowded with anxious patients eagerly watching for a chance to see the doctor, or a reputation that carries the name far beyond the bounds of the local circle of acquaintance, may cause a great deal of envy, but the possessor may be unhappy to a degree that is almost unbearable.

Happiness is not produced by external conditions, but is a quality of the mind. Therefore the Medical Forum concludes its greeting by saying to all its patrons: May professional success be yours in the year just begun, and hand and mind find much to do. And, above all, may there be a constant consciousness of having done the best under all circumstances. May all be happy in the knowledge that the right course is pursued, all duties are attended to and are well performed. Thus will their professional success and peace of mind bring supreme earthly happiness, the precursor of that which is to follow in the great beyond.

VOLUME III., 1906.

When No. 1 of the Medical Forum found its way to the offices of the professional brethren and sisters, it was received with curiosity and suspicion. Many did bid it a friendly welcome. Good words were spoken of it and for it. To these we have at former times returned our thanks. And once more we feel prompted to acknowledge gratefully all the kindness we have received.

There were others who did not rejoice when the newcomer repeated its visits. We had too many medical journals already. This new one might be sent out to accomplish an object. Some attack on the "pet theories," falsely called "Hahnemannian Homeopathy," was feared. And when the editor did state that a liberal policy would be pursued, it was settled. That publication must be discouraged, discarded, suppressed.

The efforts made along this line have not been successful. The Medical Forum has gained friends and patrons from the first, and enters into the career of Volume III. with a bold, firm step and a consciousness of having been victorious in the strife of the past course. It has gained by experience, and is encouraged to continue the same course that has been outlined for its past history.

Those who have never had any experience in the publication of a medical journal can have no idea of the amount of work, courage and business tact that is needed to successfully establish such a publication. The fact that we are willing to begin Volume III. proves that the venture was conducted with these qualities abundantly present.

Without boasting or making empty predictions, we say we hope to make the Medical Forum a journal that will serve to advance medical knowledge and will help the cause it has espoused. We hope to represent our school of medicine in this prosperous Middle West in a way that is creditable to both.

OUR CONTRIBUTORS.

Many of the compliments this medical journal has received really belonged to the writers who were willing to help it along with their articles and essays. Many have placed productions of extraordinary value at the disposal of the editor. Thus the Medical Forum has from the beginning been able to place before its patrons reading matter that commanded respect.

We hope that in this respect the future will be in advance of the past. We invite all those who are willing to sacrifice some of their time to write for this publication. We hope to get good articles, and plenty of them.

What we mostly desire are articles that are helpful to the practitioner of limited experience and who is often too poor to buy many text-books or too busy to read them. It is not our aim to publish a journal for specialists, for they are too few in number. Come along, brethren, and report interesting cases. Record your experience. Give us your methods. Let us know about your success or failure, so that we may profit by your experience.

MISSOURI INSTITUTE OF HOMEOPATHY.

It is the duty of every homeopathic physician to be a member of and attend the State society. The State society of Missouri is enjoying a good growth and should be increased in mem-

bership. The forthcoming meeting in April, at St. Louis, will be an especially interesting one, and should be well attended. The officers and bureau chairmen are as follows:

President, Dr. W. A. Forster, Kansas City; first vice-president, Dr. W. E. Reily, Fulton, Mo.; second vice-president, Dr. J. T. Thatcher, Oregon, Mo.; general secretary, Dr. Geo. A. Mellies, St. Louis; provisional secretary, Dr. Paul R. Fletcher, St. Louis; treasurer, Dr. H. W. Westover, St. Joseph.

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KANSAS CITY HOMEOPATHIC MEDICAL SOCIETY.

The January meeting of the Kansas City Homeopathic Medical Society was one of the best attended since the organization began its meetings.

Dr. A. H. Starcke was chairman.

Dr. Frank Elliott gave an extemporaneous talk on "The Perineum," which was well received. The doctor has had a rich experience in the management and care of obstetrical cases, and his suggestions for preventing rupture of the perineum during parturition were valuable. The subject was discussed at some length.

Dr. J. L. Alexander read a paper on the subject "Bone Union without Provisional Callus." The essayist contended that with the proper reduction, coaptation of bone ends, and the proper immobilization of the part, there would be little, if

any, provisional callus formed. The discussion on this subject was quite lively, some of the surgeons taking issue with Dr. Alexander.

The Rev. J. Stewart-Smith, rector of St. Mary's Episcopal Church, who was a practicing homeopathic physician for many years, was present and read a paper on "The Selection of the Remedy." It was a plea for a more careful taking of the case, and the use of the Repertory. The paper was scholarly and received its just praise.

A committee, consisting of Drs. Caroline Putnam, J. Stewart-Smith and J. H. Boland, was appointed to draft resolutions on the death of Dr. Geo. J. Waggoner and Dr. John B. Humphrey, recently deceased.

By unanimous vote, Rev. J. Stewart-Smith was elected an honorary member of the society.

The chairman appointed for the February meeting was Dr. J. L. Alexander.

OBITUARY.

A PIONEER GONE.

George J. Waggoner, M.D., died at his home in West Plains, Mo., January 5, aged 84 years. Dr. Waggoner was a remarkable man and a most successful practitioner. He began practice in 1843, being a graduate of Ann Arbor. He practiced Allopathy until 1852, when he took up the study of Homeopathy, being a private pupil of Constantine Hering. In 1855 he was graduated from the Homeopathic Medical College of Philadelphia.

He was a strict Hahnemannian homeopath. Two sons in the East are practitioners of the same school, and a grandson is completing the homeopathic course in Ann Arbor.

The immediate cause of Dr. Waggoner's death was capillary bronchitis, a malady with which he had suffered at different times for the past eight years. He leaves a wife. Burial was made in Pennsylvania. Thus passed another one of the "Old Guard" in Homeopathy.

DR. HUMPHREY DIES.

Dr. John B. Humphrey, for the past three years located at Armourdale, Kas., died January 10th, in Colorado, of tuberculosis, aged 34 years. He had been afflicted with the malady for about two years, having contracted pneumonia during the great flood of 1903, when the waters drove him from his home in Armourdale. Dr. Humphrey was a graduate of the Kansas City Homeopathic Medical College, class of 1898. He leaves a wife and two children to mourn his loss.

OBITUARY RESOLUTIONS.

The following resolutions were passed by the Kansas City Homeopathic Medical Society at its January meeting:

"Whereas, The Kansas City Homeopathic Medical Society has learned with sorrow of the death of George J. Waggoner, M.D., late of Kansas City; therefore,

"Resolved, That in his death we have suffered the loss of one whose place it will be hard to fill, and whose memory will ever be an inspiration.

"Resolved, That in him Homeopathy has lost a most faithful, loyal and devoted representative.

"Resolved, That his example is one worthy to be followed by every true physician.

"Resolved, That a copy of these resolutions be spread upon the minutes of the society, and copies sent to his wife and family and to The Forum.

"Carolyn E. Putnam, M.D.

"J. T. Boland, M.D.

"J. Stewart-Smith, M.D."

"Whereas, John B. Humphrey, M.D., has been called from hence by death; therefore,

"Resolved, That our profession has lost one who bid fair to become a useful member and a faithful physician.

"Resolved, That we mourn his loss and cherish his memory.

"Resolved, That a copy of these resolutions be spread upon the minutes of the society, and a copy thereof sent to his widow and to The Forum.

"Carolyn E. Putnam, M.D.

"J. T. Boland, M.D.

"J. Stewart-Smith, M.D."

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. MacLay Lyon, 409 Deardorff Bldg.

How would you feel if your "adnexa" got to acting up?
Take pulsatilla for that greasy taste you got from eating turkey hash.

Kansas City Hahnemann Medical College reopened Wednesday, January 3d.

Dr. W. A. Forster went to Carthage, Mo., January 8, on professional business.

It is not too early to suggest that the Missouri Institute of Homeopathy meets in St. Louis in April.

Dr. Geo. A. Dean, of Kansas City, spent the holidays in Kansas, visiting friends and indulging in his favorite sport of hunting.

Dr. Jos. Berens, one of the best known homeopathic physicians of Philadelphia, died December 6th. He had practiced sixty-four years.

Dr. J. T. Boland, of Kansas City, has moved into his new residence at 4043 Forest Avenue, Home 'phone South 1556, Bell 'phone South 875.

Dr. A. F. Higgins, of Emporia, Kas., was in Kansas City early this month, having brought an operative case to the Women and Children's Hospital.

Drs. J. L. Alexander and A. H. Starcke have resumed communication with the Bell telephone by having put in their offices 'phone No. Main 553.

Dr. G. H. Pratt, formerly of Washington, Ia., will locate in Kansas City, in the office of Dr. H. F. Fisher, for the practice of eye, ear, nose and throat.

Dr. Tom R. Gammage has closed his down-town office in Kansas City and will have his office and residence together at 2331 Lister Avenue. An increasing general practice has caused him to consolidate.

The *Chicago Clinique* and the *Medical Visitor* have been combined and will hereafter be known as *The Clinique*, with Dr. H. V. Halbert as editor-in-chief. The magazine will be the official organ of the Illinois Homeopathic Medical Association.

Dr. Susan Gearhart Brown, Hering '99, is located at Purdin, Mo. Dr. Brown was assistant superintendent of the Temperance Hospital at Chicago in 1900 and of Hering Hospital in 1901-2.

The Missouri State Board of Health held one of its regular meetings in December for the examination of physicians wishing to practice in the State. Incidentally, the board revoked the licenses of four Missouri physicians against whom charges were preferred.

Dr. Chas. E. Fisher, of Chicago, will soon assume charge of the railroad construction hospital at East Radford, Va., during the construction of the Tidewater Railroad. Dr. Fisher has recently conducted a similar institution for the Western Maryland Railroad.

In a letter to Dr. Maclay Lyon, the general secretary of the Directory Department of the American Medical Association assures him that in the forthcoming Medical Directory of the United States, homeopathic physicians will be listed equally with other schools.

Two of the homeopathic physicians of Kansas City suffered losses by the recent fire which destroyed the Woods building and damaged the Commerce building. Dr. J. M. Patterson, the oculist and aurist, sustained damage to office and furnishings by smoke, while Dr. E. K. Thompson's office was nearly ruined by smoke and water.

The Golden Belt Medical Society of Kansas seems to have gotten the worst of it in a set-to with Governor Hoch. At a recent meeting the society passed some vitriolic resolutions addressed to Governor Hoch, in which it was stated that there was not a reputable physician on the State board of health. Nonsense! How about Drs. E. P. Mills and T. E. Rains?

The Armour Memorial Home for the Aged in Kansas City is now under the care of homeopathic physicians. Following is the staff: General medicine, Drs. W. A. Connell, Mark Edgerton, E. H. Merwin, G. W. Smith, W. L. Ray and Chas. K. Wiles; surgery, Drs. W. A. Forster and Frank Elliott; stomach and intestines, Dr. Maclay Lyon; nervous diseases, Dr. Chas. S. Elliott; eye, ear, nose and throat, Drs. J. M. Patterson and I. C. Soule; dentistry, Drs. K. P. Ashley and T. E. Purcell.

NEW YEAR'S MISCELLANY.

The records for the year 1905 have been made. The work is done. We can make no more changes in what is the history of our career for that period.

* * * *

What does this record say? Would we be willing to go over it and review each day's doings? Could we do it without the feeling of guilt and shame? Would we not rather close and seal its pages than lay them before intelligent judges?

* * * *

Too often we make an attempt to pass judgment in regard to our work in a partial way. In this we are guided by the desire to make a good showing. Perhaps we succeed, but our verdict is worthless, for it is partial, not giving the truth in the matter.

* * * *

Naturally the most of us are not well balanced. We are either optimists or pessimists. In the former instance we see only perfection in our work, and only a possibility of success for the future. This state of mind does often mislead us. As a result we may not use that care or exercise that diligence in work which should be used, and therefore we are always superficial in our work and do not attain that profound knowledge which we need for the highest degree of professional and personal perfection attainable.

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J. A. STEWART,
General Agent,
KANSAS CITY, : MO.

THE MEDICAL FORUM

A Monthly Journal Devoted to the Interests of the Medical Profession.

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ORIGINAL ARTICLES.

WHY.

T. H. HUDSON, M.D., KANSAS CITY, MO.

Three letters, *w-h-y*, compose the subject for discussion. It is a larger topic than the number of letters would seem to indicate. Small speakers are apt to choose large subjects. I shall not attempt to exhaust this one. It is a curious fact that, "as a rule, the shorter a word the more numerous its subdivisions." Size is not necessarily the measure of power.

"Things unseen are greater than those which do appear." The wind, the earthquake, and the fire were unavailing; the Almighty power was in none of them; but "the still small voice" brought the prophet into the audience chamber of Jehovah and overthrew the most wicked and corrupt dynasty known in history. The atmosphere, electricity, gravitation are silent and invisible though potent forces. The same may be affirmed of life, even here where its manifestations are visible, to say nothing of that other realm where in the twinkling of an eye we may journey from star to star.

In extenuation of the shortcomings of this paper and its probable inappropriateness to this occasion, and unsuitability to this audience, simple justice to myself demands that I should tell you that I have not aspired to teach physicians, and especially those of my own faith. I have attempted neither oratorio nor opera. My songs are of the simple sort; easy melodies such as common people might understand, and love, and join in sing-

ing. I have labored to avoid technicalities and medical terms and talk in ploughman's phrase; it is my native dialect and I speak it to perfection.

Since my own conversion my gospel has been preached for the people, the *common people, all the people*. If here and there a Scribe or a Pharisee has been brought to a realization of his sin and unsaved state, has repented and been converted, we have given him the right hand of fellowship and bade him Godspeed.

If then what follows should seem out of place or out of taste, I hope that you will excuse it through consideration of the motive which has prompted all my effort, a motive which has meant much to me, and one that has inspired me with a purpose—a purpose earnest and intense as any that ever for humanity's sake warmed the heart or thrilled the soul of man. This avowal leads us to the principal subdivision of our subject—viz., Why am I a homeopath?

I might, however, with greater propriety first ask and answer the question: Why am I a physician? The question suggests a long story, but the brief answer is, that "As the twig is bent the tree is inclined." My father was a physician, and I was reared in a medical atmosphere. Like all boys, I thought my father the greatest man, and his profession the grandest and noblest under the sun. I reverence to-day my childhood's innocent faith in my father; and my opinion of his profession has undergone no material change. As a child I played doctor, and galloped my stick horse furiously from tree to tree and point to point in answer to imaginary calls from imaginary patients. My fees were not large nor my practice lucrative, but my territory was extensive. It extended east and west along the banks of old Salt River fully three hundred yards, and was as wide as it was long. I was only *playing* doctor then; just in fun, you know. If anyone thinks it fun to play it in earnest—let him try it. If there be under the stars a greater responsibility resting upon any human being than upon him who takes upon himself the responsibility of human life, I pray God deliver me.

So *I am* a doctor because my *father* was a doctor. Not a very good reason, I grant.

The Mexicans still ride in cumbrous carts drawn by oxen, and plow with wooden plows, because their fathers did. Au

insufficient reason this. But it is as human to follow as to err; and, after all, it is no greater sign of weakness to follow beaten paths, than proof of strength to pursue divergent ones. Disagreement for the sake of argument is no evidence of superiority. Exploration, examination, investigation are hopeful signs, however, and indicate progress. My father was not a homeopath! Why am I? Why was I not an allopath? Well, I was. And that is the best reason I can give you for *not* being one now.

A father, anxious to impress his son with the importance of fair dealing, said: "Be honest, my boy; be honest. Honesty is the best policy." I have tried both. Having fairly tested both schools of medicine, I feel that I can speak advisedly and that my opinion is worthy of consideration. I hope that you will pardon the egotism, and I believe that you will concede the fact. I lay no greater claim to honesty now than when as an allopath I gave large doses of crude and dangerous drugs. But I do claim intelligence and information which I did not then possess, and the ability to form an impartial judgment which comes only after the examination of both sides of any question. I confess that I was illiberal in opinion and prejudiced, as men must ever be who see but one side. But I was as honest in my conclusions and as firm in my convictions as now. Indeed, were firmness and stubbornness synonymous terms (as, unfortunately, they are sometimes considered), I was even firmer then than now, for I refused to investigate.

Believing that I had all the light, I desired no more. Alas for the man who knows it all! Pity for him who can learn no more! I even refused acquaintance with reputable physicians of the homeopathic school. I despised them as charlatans, dishonest knaves whom cupidity and avarice prompted to prey upon the ignorant and credulous. For the credulous and ignorant thus imposed upon I felt only pity. Such was my state of mind during ten years of practice in the old school, and such it doubtless would have remained but for an accident or incident, which parted the cloud like a thunder-bolt and, like the lightning's flash, lit up for one brief moment my mental horizon. Sudden, dazzling, blinding—the succeeding darkness seemed deeper than ever; followed though, thank heaven! by a misty light, through which I saw men as trees walking, and through which I groped until the morning dawned. The morning, the

sunlight; broader views, wider range; less of prejudice, more of charity; sweeter sympathy! The rosy dawn and increasing day charmed, enchanted me. "I rejoiced as a strong man to run a race." I was full of *glowing enthusiasm* and a longing desire to help others. I would try. I *did* try. My professional brethren were still in the shadow. I would lead them out. They wouldn't lead. They were in darkness. I would show them light. They would not look. They were as blind as Saul of Tarsus when the "*road* that he was in led to death," and they would "*keep* in the middle of the road." But I have never ceased to persevere, and occasionally my efforts have been availing.

In midsummer a year or two ago, while in conversation with a teacher of medicine in a prosperous old school college, I ventured to point out some quicksands in the old road. We being personal friends, I felt free to take this liberty. He admitted that there was at least some reason in my position, and candidly stated that he had lost two children that summer from overdoses of morphine. He attributed the deaths to ignorance or carelessness of the pharmacist. But be the error where or what it may have been, the sad fact remains that two lives were blotted out and two homes made desolate.

Parents, father, mother, how value you the lives of your children? What other earthly treasure approximates the dimpled darling that fills the home with sunshine and life with joy? What price put you upon laughing eyes, rosy cheeks, ruby lips and busy feet? what estimate upon the curly head that each evening nestles upon your bosom like a tired bird to rest, and the prattling tongue that sleepily but so sweetly lisps its evening prayer? Dear friends, I plead for these precious lives. As you value them, hear my prayer. Trust them not where lurks the danger!

Our bitterest enemies never accuse us of the sin of commission. The charge against Homeopathy, reiterated, repeated again and again, is that it is inert.

They swear by the gods that it does no good. But none dare say that it e'er does harm. For the sake of argument, let us for the moment admit that it does no good. Tell me, then, brother, you of the ancient school, who is responsible for the death-rate of your patients, plus the death-rate of ours? In

hospital and sanitarium, in yellow fever and cholera scourge, wherever and whenever statistics have been gathered, your mortality has been from 10 to 40 per cent greater than ours. Omission, not commission, is the charge, and the only charge ever preferred against us. To that charge we plead, "Not guilty."

We challenge you to the proof. In the light of our history and yours, by the evidence of the present and past, we are ready to be tried at the bar of public opinion. It is a lamentable fact that people are proverbially ignorant about themselves, and about matters pertaining to medical science. Many know something of law, more talk religion than practice it, everybody knows everything about politics, but the veriest quack in medicine can impose upon the profoundest doctor of philosophy.

As a friend I would advise you to do this one thing, if you do no more: Make a careful comparison of results between the old practice and the new; then govern yourselves accordingly.

Before leaving this section of the subject, permit me to present this problem (it may be solved by the rule of proportion): If one doctor, with one drug, during one half of one summer, kills two children, how many children will all doctors kill, with all drugs, all summer?

In the same city where lives and practices the regular physician referred to, live and practice busy homeopathic physicians who do not in a whole year lose as many patients from all diseases as our "regular" brother lost from one drug in half a season. Here is a dilemma. If homeopathic practice is inert, if it accomplishes nothing for good or evil, yet more recover by its treatment than by allopathic, then Allopathy kills! If Allopathy does not kill, then Homeopathy does cure. Our "old school" brethren are welcome to their choice of either horn here presented.

Statistical facts almost innumerable could be given, and they are not outside the province of this lecture; but, being easily obtainable by any who may desire, I forbear, and pause but long enough to call attention to this one point: Vaccination is a crude Homeopathy. It is the substitution of cow-pox for small-pox. Prior to the practice of vaccination in Ireland the usual small-pox mortality-rate was above 5,000. In Ireland now the average usual small-pox mortality is 6—only 6. During the Franco-Prussian War, the French Army lost 22,468 soldiers from small-pox; the German Army, 263. In the Ger-

man Army vaccination was compulsory; in the French Army it was not practiced. It is well to note also that the German outnumbered the French Army in the proportion of 2 to 1.

In the history of medicine four great epochs stand forth pre-eminently: the discovery of the circulation of the blood, by William Harvey; of vaccination, by Edward Jenner; of chloroform and ether, by Wells or Morton; and the therapeutic rule, by Samuel Hahnemann. Chloroform and ether are indispensable to the surgeon, but rarely useful except in surgical cases; vaccination protects against a dreadful scourge, and has been a priceless boon to humanity; but the law of similars is of universal application. While vaccination prevents one disease, Homeopathy prevents many and is the one safe and rational treatment of all others, save those belonging to the domain of surgery. Even here the surgeons of our school would not dispense with the indicated remedy. Before the time of Hahnemann the law of physic was the maximum dose of the strongest drug, the patient's endurance being the only limit; and the limit was often passed. Venesection and the actual cautery was the constant practice. The lancet and the red-hot iron were in the hands and continuous use of all physicians. The boast of an old practitioner was that he had drawn blood enough to float an ocean steamer, and given mercury enough to freight it. Through the instrumentality of Hahnemann's teaching, the cruel practice of the time is known only in history, and the instruments of torture are but relics of a dismal past.

I need not tell you that his revolutionary teaching brought upon him the anathemas and persecutions of his colleagues; that he was driven from city to city, country to country, and died an exile from the fatherland. His life was a ceaseless round of turmoil, but he lived to see medical barbarity waning and to establish upon an enduring basis the only therapeutic law known to man. Charge me not with partisanship, therefore, when I affirm that his discovery marked the grandest epoch in the history of medicine. Sublimely simple, mighty yet gentle, the foe of disease, the friend of health, applicable to all people at all times in all climes, under all circumstances, it has proved, as it must ever prove, of transcendent value so long as men shall live and suffer.

The great founder of this science was not an illiterate ignoramus, but a profound scholar, an independent thinker, an

indefatigable student, with marvelous mental energy and wondrous bodily vigor. He was no pigmy, but an intellectual giant, whose mighty strides carried him far in advance of his time and his cotemporaries. His was not an invention, but a discovery; not a discovery by accident, but by careful research and thorough investigation. And now do you ask why I am a homeopath? In Yankee fashion I answer by asking. Why are not you? Why not investigate? Why not inform yourselves? Why accept as authoritative the dictum of any man or men upon a question so vital, when absolute evidence is obtainable? Why risk your lives and the lives of others dearer than your own—lives that you would give your own to save, why risk them in the hands of those who by custom and common consent have obtained the right to lose them? If a homeopath loses a case, the town rings with his failure. If an allopath makes a mistake, the town turns out to help him cover it up. And then in lugubrious tones they say, "The will of the Lord is accomplished." Let me tell you: The Lord wills that you shall live until you die! The Lord wills that you shall die of old age if you can live that long. The Lord has spread in rich and bountiful profusion upon this earth a panacea for every pain, a remedy for every ill. It is your physician's business and duty to know that panacea—to administer that remedy. He has accepted the position; he has assumed the responsibility; and the Lord will not hold him guiltless if through criminal ignorance he fails to discharge that duty.

Let none suppose that I would unjustly criticise the old school or make an invidious comparison between it and our own. Among its adherents are kingly men whom I delight to honor and for whom I have the highest esteem, the most profound regard. In that fold are personal friends, whom I truly and tenderly love. I would not wound their feelings. I desire their good opinion, and would not forfeit it for anything short of truth, justice and a conscientious discharge of duty. My only contention is, that wrapped in their own righteousness, they are oblivious to all else. Partiality for their own engenders prejudice against others. Pride in themselves and their methods breeds contempt for those who differ. They follow in their fathers' footsteps as their fathers did in those of their grand-

fathers', and with less excuse, for light shines now where erst-while was darkness. Being in the majority, they fancy themselves in the right. But the most egregious error that ever darkened human understanding has at some time been popular. When they have studied our law until they understand it, until every point is transparent, luminous; when they have sounded the depth and measured the breadth of its underlying philosophy until they comprehend it; when they have scientifically, conscientiously and practically tested our method at the bedside; if then they say not, "Here is truth"; if then they confess not that this is as far beyond the old as the stars above the earth—my contention shall end. True, some of them claim to have investigated, and while I would not impeach their veracity, I distrust their methods. Except for the grave issues involved (issues of life or death), these methods, called tests, could only be classed in the category of the ridiculous. Take, for example, the allopath who, having witnessed the successful treatment of a chronic tonsillitis with calcaria carb., gave calcaria carb. to all of his subsequent cases for a year? He called this a trial, and pronounced Homeopathy a failure because it failed to cure cases of tonsillitis to which it was not adapted. A former "old school" colleague saw a desperate case of erysipelas quickly cured by rhus. Forgetting the remedy, he afterwards enquired of a student of Homeopathy if he could give him the homeopathic remedy for erysipelas. Had he obtained the remedy, we should have had another test case. The trouble with these test cases is, that they try nothing, prove nothing. If an allopathic physician could but be induced to thoroughly study the pathogenesis of a single drug and apply it according to therapeutic rule, he would meet with such success as would amaze him beyond expression. The wildest dream of the most sanguine medical fledgling would be more than realized. As long, however, as he persists in ignoring law and trusting chance, he is but a "blind leader of the blind."

As long as he persists in administering nauseous drugs in physiological doses, he does his patient damage and violates a law of Nature so plainly written that the wonder is that any should fail to read it. It is this: The office of the gustatory nerves (the nerves of taste) is to guard the interior of the body against injurious things. It is as much their duty to prevent the en-

trance of unpleasant and disagreeable articles as it is their duty to accept and admit acceptable and wholesome food. He who compels them against their protest imposes upon Nature. He upon whom the imposition is practiced will suffer in consequence. Despite the warnings of these ever-alert and watchful sentinels, nauseous, bitter, disgusting compounds are forced past the portal, and the stomach rebels and ejects them, or the intestines writhe and expel them, or the nervous system is shocked and the whole body suffers. When will doctors heed the warning? When will they learn that what is disagreeable to the taste is too strong for the stomach? When will they understand that disease is not an entity that may be forcibly expelled? Why study microscopical anatomy and cellular pathology? Why prove that all life is cell life, all disease cell disease, all cells infinitesimally small, and then close their eyes to the fact, that the smallest particle of every crude remedy is many times larger than the cells themselves; and the further fact, that he who would influence these cells for good must provide a remedy fine enough to enter into them? We arraign our allopathic brethren for intolerance and prejudice. We make no charge of insincerity or dishonesty. On the contrary, we know them to be honest and sincere. We admit that they are conscientious, scrupulous, upright and high-minded. Self-sacrificing, too, and sympathetic with suffering, they are. We claim no grace or virtue which they do not possess save and except this: we look at both sides; they see but one.

We would not make a personal thrust nor cause a pang of pain or even of passion. What we have said, what we say now and what we may hereafter say is disinterested, so far as personal considerations are concerned, and deals with principles and not persons.

This much I can say of doctors of all schools, here and elsewhere, now and always: they have more sympathy for the suffering, more charity for the unfortunate, more compassion for the erring, than can be found elsewhere on earth. To you Christian people let me say—you who profess religion (and you are none the worse for this), allow me to say to you, that I know doctors who profess nothing (and are none the better for that) who do more charity in a day than many of you do in a week. Not that

you are less charitably inclined, but that their opportunities surpass yours. Their professional duties lead them along paths that you do not travel, into homes where you do not enter; homes where Want is an ever-present unwelcome guest, and where Plenty never visits. Who can contemplate the shivering forms and pinched faces of innocent children, bid them be warmed and filled, clasp his purse, turn from that mean abode and leave nothing behind but good advice? Do you fancy that because these children have been "reared away from the blandishments of refined life, they cannot feel and have no tears to shed"? Would you could visit some homes that every doctor visits, and witness some scenes witnessed by every doctor in this land of liberty and plenty! Would you could see the falling tears of these miserable ones, and behold in them (as we do oftentimes) such acts of unselfishness and deeds of heroism as would make modern philanthropy blush. Who ministers most to the wants of these sufferers, think you? Ministers of the gospel? No; they minister to the soul. Benevolent societies? No; they are not called to see the sick. It is the doctor—the humble, unostentatious doctor; the man who turns out of his bed when the sleet beats and the north wind blows; the man whom you say (I beg pardon; not you, but your neighbors say) makes his money easy; the man, the doctor whose bill *you* so cheerfully and promptly pay, but whom some of your neighbors pay grudgingly or not at all. Please tell these neighbors of yours, these mutual friends of ours (will you not?), that you have made a discovery. Tell them that you have found out who it is that in the small hours of the winter night buffets his way through the storm to the couch of pain, perhaps of death, with no prospect of earthly reward and all unconscious of treasure in heaven. Tell them that you now know who "feeds the hungry, clothes the naked, visits the fatherless and the widow in their affliction," carries sunshine into darkened homes and comfort to saddened hearts. Say, if you will (and truthfully you can), that doctors, irrespective of schools and doctrines and faiths, medical or religious, do more charity with less publicity, and alleviate more suffering with less ostentation, than any *society* under the sun.

The honest and faithful physician of whatever school merits

more than he receives. His fee is nominal, compared with the labor he performs, and he deserves of you respect, esteem, confidence, love—a thousand times more precious than gold. He never grows rich. His life is a ceaseless round of unremitting toil, his responsibility a burden that is never lifted. I would not add a feather to its weight. Does he differ from me in medical faith and practices, I would only say: "Brother, I have tried your way; try mine. The burden is lighter, the yoke is easier, the responsibility no greater, the result more satisfactory. Restful days I promise not; but the night's sweet dream shall no more haunted be by dread of danger from poisonous drugs. Nor shall mistakes of others again disturb thy peaceful rest." The evidence in support of our position is inexhaustible. The book of Nature is full of proof. I must not weary you. I cannot open that book to-night. My argument, as compared with the evidence, is as nothing. But, incomplete and imperfect as it is, it is ended. My story, such as it is, is told. "But the half was never told."

Judge not the song by the singer. Measure not the merits of the cause by the defects of him who pleads it. "Prove all things, hold fast that which is good." Our law is a law of Nature, immutable as Nature's God. "Nor height, nor depth, nor things present, nor things to come, nor life, nor death, can destroy eternal truth.

"Truth crushed to earth shall rise again;
The eternal years of God are hers."

This law of ours, this truth of Nature, must live on after its earthly purpose is accomplished.

"In some higher sphere, we'll find that duty here
Has been transformed into happiness;
And what was only toil and weariness
Has come to be not simply rest, but bliss."

If these, my brethren, my very own, my well beloved, are but faithful and true, no assailant can prevail against our bulwark of truth. If we, its advocates and adherents, be not forgetful hearers, but doers of the law, then shall infidels, who scoff at law and worship chance, know of a surety, that deep in the bed of the ocean of Time, firm as the everlasting hills, is the rock, the truth, the law of similars.

SOME PRACTICAL SUGGESTIONS IN THE TREATMENT
OF EYE DISEASES.

J. M. PATTERSON, M.D., KANSAS CITY, MO.

Applications of Heat and Cold.

Dry heat is applied to relieve pain by the use of hot-water bottle, hot dry cloths, or by the use of the Japanese hot box. Hot fomentations are applied by placing a cloth wrung out of hot water upon the eye and changing it for another equally hot whenever it begins to get the least cool. As a rule, they are applied for a few minutes at a time and repeated in from one to four hours. Poultices are mentioned in order to warn against their use, as they may increase an inflammation of the conjunctiva or cornea.

Cold is used upon the eye to prevent or lessen the reaction after injury, and in acute inflammation, especially of the lids or conjunctiva. *To do good, the application of cold must be continuous.* The usual method is to place three or four pieces of gauze, that has been folded four or five times and cut into squares of about two inches, upon a block of ice. One of these is laid upon the closed lids for a minute or two until it becomes slightly warm, when it is removed, placed upon the ice, and another square of the gauze is quickly laid upon the eye. Cold also may be applied by pounded ice in a small light rubber bag. The indications for the use of cold applications are, all acute inflammation of the conjunctiva and lids. In acute catarrhal and in acute purulent conjunctivitis in the first stage it is the most important of all remedial measures. The more violent the attack the more constant should be the application. A good rule to follow is, to use the cold for twenty or thirty minutes out of each hour in the severe cases, and for twenty to thirty minutes every two or three hours in the lighter cases. The severity of a case is best judged by the amount of edema of the lids and chemosis of the conjunctiva.

It is contra-indicated when there is danger of sloughing with ulceration of the cornea, or when its use causes marked discomfort. In other words, cold applications must always be used with great caution where there is a tendency to ulceration of the cornea. Hot applications, the moist from five to fifteen

*Read before the Missouri Institute of Homoeopathy.

minutes at a time, every two to four hours, or the continued application of dry heat, are indicated in all inflammation of the cornea and deeper parts of the eyeball. Under this head comes practically all forms of the keratitis, whether ulcerative, as abscess ulcer or phlyctenule, or non-ulcerative, as in interstitial keratitis.

Hot applications are therefore indicated in all forms of iritis. (Dr. Helfrich, however, highly recommends the use of cold in the early stages of traumatic iritis.) It is also the most useful local application in irido-cyclitis, in glaucoma and in all forms of choroiditis.

In the very first stage of ecchymosis, cold should be used. After extravasation the benefit of cold ceases, and occasional hot fomentations with pressure should be used. In black-eye, however, it is questionable whether we have a better method of treatment than the old reliable pieces of raw beefsteak tied over the eye. When I started this paper, my intention was to also give my indications for the local use of the different remedies used in the treatment of trachoma, but I have already taken up too much of your time, so this part of the paper must be postponed.

AN HOUR WITH EXCHANGES.

PERFECT NUTRITION AS A VITAL INCITANT IN TEMPORARY ASTHENIA.

As an agent for exciting cell-activity and promoting the normal reconstructive functions in temporary stages of vital depression, following exhaustive fevers, acute infections or depressions from overwork, both mental and physical, Bovinine, in my hand, has given the most excellent results. In many cases where no actual pathological lesion could be deducted, but where cell activity was below par, and some powerful incitant and nutriment was urgently needed to place the patient upon a good fighting basis, where he could resist infection and over-

come the sequelæ of cell-exhaustion, the results obtained were both prompt and marked. The following brief case is in point:

Miss N——, aged 29, stenographer, who had become anemic and physically depressed from close application to her vocation, came under my care March last. She had not menstruated for over two and one-half years, had lost nineteen and one-half pounds in that time, and suffered from a special hyperesthesia and insomnia. On careful examination, no distinct pathological condition could be induced except the blood-impoverishment. She had been under treatment for two years, and during that time had taken the various forms of iron, arsenic, hydropathy, electricity, etc., until she abhorred doctors and medicines and was in a fair way to become a fit subject for Christian Science. Her principal worry was that she would develop tuberculosis. She was put on Bovinine in tablespoonful doses every two hours, being given in milk, and kept on this dosage for two weeks, when the quantity was increased to a wineglassful every two hours. Since then she has steadily improved, and at the present time she shows a gain of twelve and one-half pounds, is rosy, cheerful and confident of the future. Though brief, this clinical citation, I think, has some points of genuine interest for the professional mind.

Dr. F. N. Pampinella.

Philadelphia, Pa.

EXCISION OF THE ENTIRE COLON.

This formidable operation was performed in St. Anthony's Hospital at Effingham, Ill., by Dr. Lanphear, of St. Louis. The patient was a lady 62 years old, who had been suffering from femoral hernia of the left side for fifteen years. Repeated strangulations had been reduced by taxis under chloroform. On December 19, 1902, it occurred again. Reduction became impossible, so operation was decided upon. Her consent to go to the hospital was not obtained till sixty hours after the strangulation had taken place. It was shortly after midnight when the work was begun. Gangrene was evident in about eight inches of the colon. This was removed. Closer inspection, by strong light, revealed the fact that circulation in the colon beyond the excised part was deficient, and that necrosis was beginning in a large portion of

the colon. This could not be left and was therefore removed, 37 inches in all. An artificial anus was made at the end of the ileum. The hernial opening and the incision were closed. The operation was a success, but the patient died from shock. Autopsy showed a thrombosis of nearly every large artery of the meso-colon.—*International Journal of Surgery*.

INCONTINENCE OF URINE IN WOMEN.

Cumston divides his subject into three parts: (1) Incontinence of traumatic urethral origin; (2) spontaneous incontinence; (3) incontinence due to uterine displacements or to the presence of cicatrices in the vagina. The treatment should be based on anatomical considerations rather than on etiological ones. Various operations are discussed. The author claims priority for the following observations: incontinence of urine in young unmarried women is often due to tension on the urethra produced by adhesions between the uterus and bladder. In such cases brilliant results will be obtained by the following operation: the anterior vaginal cul-de-sac is incised transversely and through this incision the bladder is separated from the uterus. The space thus obtained is packed with gauze and is gradually allowed to heal by granulation. By this means the drag on the urethra is abolished, and the incontinence is cured.—*Medical News*.

TUBERCLE BACILLI IN URINE.

Trevithick asserts that the demonstration of tubercle bacilli in tuberculous urine is more simple and more certain than their demonstration when occurring in sputum. The secret of finding representative numbers of bacilli in film preparations made from urinary deposits depends upon the thorough washing of such deposits with distilled water before the films are made. The urinary salts, if not washed away, seem to prevent the bacilli, and even the pus-cells, from adhering to the cover glass. The author allows the urine to stand some hours and then centrifuges its lower portion. The sediment thus obtained is then repeatedly centrifuged with distilled water before the films are prepared.—*British Medical Journal*.

A NEW ANESTHETIC.

M. Abel Desjardins has called the attention of the Surgical Society to the results obtained in the clinic of Professor Terrier, with scopolamine as an anesthetic. The principal advantage of this substance is to produce a freedom from pain for twenty-four to forty-eight hours after the patient awakes to consciousness. The solution employed consists of bromhydrate of scopolamine 0.0012 gm. and hydrochlorate of morphine 0.012 gm. to each centimeter of distilled water. Three subcutaneous injections are made: the first four hours, the second two hours, and the third one hour before operation. The patient remains unconscious for four to five hours, and, after regaining consciousness, is calm, and has no headache, nausea nor vomiting. By the use of this drug all apprehension in regard to the operation is avoided, and, owing to the absence of vomiting, he can at once be fed. Sometimes it is necessary to give a few whiffs of chloroform to complete the anesthesia if it is insufficient, but there is no period of excitement. It should be remembered that the drug produces a superficial vascular dilatation, which may necessitate a resort to hemostasis, and a contracture of the abdominal wall, which is an inconvenience in laparotomy.—*International Journal of Medicine and Surgery.*

DRY GANGRENE FOLLOWING THE APPLICATION OF CARBOLIC DRESSING COVERED WITH OILED SILK.

V. Kenerson's patient (reported in New York *Medical Journal*) applied a 1:50 carbolic solution to abort a felon. In a few hours the finger appeared blanched, and the solution was halved in strength. Then, contrary to orders, oiled silk was applied over the dressing and kept on over night. Next day the finger was blanched and numb, but could feel pressure. Twelve hours later the nail was black and the skin dusky over the silk-covered area. Proper measures led to a restoration of circulation in nearly all the proximal joint, but not in the distal joint, in which dry gangrene followed, the skin all coming off and muscles separating on the eighth day. Amputation was later done at the tip of the first phalangeal joint.—*Medical Record.*

SOME USES OF PICRIC ACID.

Milward (in the *British Medical Journal*, February 1, 1903), expresses himself as surprised that the well-established efficacy of picric acid in burns has not led to its much more prevalent use. It is more especially useful in superficial painful burns exuding serum or sero-pus. They are also dangerous because they readily absorb infectious material that causes lymphangitis. It causes rapid healing, besides relieving pain and closing the surface by coagulation, which latter quality seals the wound and prevents infection. It is used in saturated aqueous solution (1:95). It is not without danger if applied to septic surfaces, especially without a previous careful disinfection, as there is danger of imprisoning germs that will cause additional trouble.

It is an effective remedy for soft corns, which become dry and painless after but two or three applications. It is similarly useful in ingrowing toe-nails, hardening the soft tissues and thus making them insensitive to the pressure of the nail, which should also be properly trimmed as well as this can be done.

ACUTE POST-OPERATIVE THYROIDISM.

S. Edward Sanderson (*New York Medical Journal*), after comparing acute thyroidism to exophthalmic goiter, the author reviews the theories of the etiology of the latter. He cites all the cases found in the literature of the class he terms "acute post-operative thyroidism," giving five, and reports a case occurring in his own practice. His patient was a young woman of twenty. The trouble followed an operation for chronic appendicitis. Her most marked symptom was the tremendous heart action; with a rate at times more than 200, the force was so great as to make the heart distinctly heard at the foot of the bed. The patient recovered, due partly, possibly, to the use of *cactus grandifloris*.

Don't forget to inquire after history of syphilis if a non pruritic, polymorphous eruption is found.

THE URINE OF TUBERCULOUS PERSONS.

Salus says that the most certain method of testing the urine for tubercle bacilli is by animal experiment—that is, by injecting subcutaneously into Guinea-pigs urine secured in a sterile way and using the sterile, centrifugated sediment. As to the question of making a diagnosis of renal tuberculosis from a positive inoculation or from the presence of tubercle bacilli in the urine, Salus says that he examined the urine of twenty-seven persons suffering from tuberculosis in other parts of the body, and found albumin in 44 per cent, and in 51 per cent of the cases he found renal cellular elements. According to this information, tuberculous persons often show kidney lesions. There is always the possibility, however, that tubercle bacilli may pass into the urine from the blood or from tubercle tissue. Animal experimentation is, at any rate, an important step.

SURGICAL HINTS.

The simplest method of sterilizing cat-gut is that of Claudius. The raw gut, which does not even have to be put through the usual preliminary fat-removing process, is simply wound in single layers on glass spools and dropped into a covered jar of fluid consisting of iodine, 1 part; potassium iodide, 1 part; water, 100 parts; and there it is allowed to remain eight days. Unused portions of cat-gut are re-sterilized by dropping them again in the solution for from half an hour to eight days. The gut is flexible, does not “kink,” and is of proper tensile strength. It is not only aseptic, but *antiseptic*. It may be kept in the solution, but not longer than three months, after which time it would become very brittle.—*International Journal of Surgery*.

* * * * *

The sign of crepitus is not always found in fractures. Here are four instances of absence:

1. Riding of fragments.
2. Impaction of fragments.
3. Entire separation of fragments.
4. Interposition of muscles or blood-clots between the fragments.

A buried silkworm-gut suture often causes much pain, and its removal is not always easy. Therefore, in all such cases, cat-gut or some other absorbable material is to be preferred.

* * * * *

All penetrating wounds of the chest not involving fracture should be closed at once, and even in cases of fractures, delay should be as short as possible. Pneumo-thorax will result, and is a condition that brings both pain and danger.

* * * * *

A "tumor" in a young woman's breast is not usually an abscess. All these cases should receive early attention.

* * * * *

When removing a breast for a carcinomatous condition, examine the axillary structures very carefully and remove all that are not above suspicion. All cases in which pectoral adhesions have been formed have axillary involvement.

* * * * *

For padding of the axilla or mammae in dressings that are not frequently renewed, gauze is preferable to absorbent cotton, for the latter "packs" and becomes matted with an acrid secretion, thus producing the very irritation of the skin it is intended to prevent.

* * * * *

Strong solutions of carbolic acid should be applied very cautiously in extensive burns, because of the tendency to absorption. Watch the urine.

* * * * *

It is strange how often patients with big thrombotic piles are sent away from doctors' offices with a prescription for an ointment which seldom relieves them, when it is so easy to inject a little cocaine, split the pile, turn out the clot and send the patient home rejoicing.

* * * * *

In operating in the popliteal space, three kinds of structure should be carefully avoided: 1. Joint. 2. Popliteal artery. 3. External popliteal nerve. Wounding of either of these is a serious matter.

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A Monthly Journal Devoted to the Interest of the Homœopathic Profession.

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EDITORIAL.

INCREASE OF INSANITY.

It is asserted that a scientist of reputation has made the calculation that if the present rate of increase of insanity continues, all the human race will have become insane in seven hundred years.

Yes, insanity is increasing in the civilized world. It is increasing rapidly. In almost every State in the Union there are large public hospitals for those suffering from mental derangement. It is surprising how fast these institutions have developed. And yet there is no room for those who ought to enter therein. They are kept waiting, and often the time is very long

till their turn comes. And what may be the cause for these lamentable conditions? Drink; over-indulgence in drugs; the mad rush for money; mental and physical over-exertion; the high tension of modern life. Were these things confined to the men only, it would be bad enough; but as women also have been drawn into this vortex of excitement, it has become infinitely worse. The words of an eminent writer on scientific subjects may be added as a fit conclusion of these remarks. He says: "The society woman and the working woman both live a strenuous life of constant exhaustion. The gay life of pleasure of the one woman and the drudgery of the other are continuously decreasing their nervous strength and energy, and when, brain-fagged and physically exhausted, they marry, they become the mothers of physical starvelings, who develop into men and women unfit for the burdens of life; these, in their turn, live in the manner of their parents, weaker and even less able to stand the nervous tension of work and dissipation. These people are often predisposed to insanity and nervous diseases, while often the result is degeneration and imbecility. When men make it possible for women to return to their proper place of home and motherhood, and they can cease the pitiful struggle for existence, leaving the obtaining of a livelihood to the men of the family, then the conditions that produce insanity will diminish. Among the foreign laborers bad whisky and beer cause more insanity than does anything else. The reason is that the drink is 'doctored' with *cocculus indicus* or 'fishberry,' that is used by the Chinese in catching fish. In other words, drugs and whisky combined are a good combination upon which to build a lunatic."

MOSQUITOES AND DISEASE.

Malarial fevers occur in various forms—from the common ague to African jungle fever or the yellow fever. All of these are produced by one of the various forms of plasmodia malaria or similar parasites. This is a well-established fact.

As these parasites are found in the blood, the question, "How do they enter the body?" has long been awaiting a solu-

tion. Is the air full of them? Are they inhaled or are they to be found in the drinking-water? Or in what other manner do they gain entrance?

At present there is only one answer to these questions that seems to have some scientific support, and that is that various forms of mosquitoes carry these parasites, and when attempting to abstract some blood from a human being they make also a deposit of the form of plasmodia with which they are infected.

There are a great many varieties of mosquitoes—someone has placed the number at over forty—only a few of them are the carriers of diseases. The anopheles is the one that carries malaria, and the stegomyia fasciata is to be blamed for bringing us in contact with yellow fever.

In a general way, the life history of the different varieties of mosquitoes is the same. There are four stages: the egg, larva, pupa and imago or winged insect. The duration of development from the egg to the full-fledged insect is about two or three days for the anopheles. In the fall the males die; the females hide somewhere and survive during winter. In the spring they deposit their eggs in marshes or pools of standing water. The progeny from one female mosquito thus hibernated during one season have been estimated at 30,000,000. Race-extinction does not seem very probable in this case.

Only females possess a sting and can thus transmit disease. They are not infected with the disease when entering on their life's career. As none of the parasites have as yet been found in water, earth or air, the assertion has been made that they are harmless unless they themselves come in contact with some person infected with malaria. That would explain the fact that in some parts of the country the mosquitoes are very plentiful and yet malarial fevers are almost unknown. An infected mosquito requires about seven to fourteen days to become able to transmit the disease to human beings and when the deposit of parasites has been made, further fourteen to twenty-one days are necessary, as a period of incubation.

Yellow fever is only contracted through the bite of infected mosquitoes. It cannot be transmitted through contact with the patient, his clothing, excretions, etc.

The practical results of this knowledge will be that greater

efforts will be put forth to destroy the harboring-places of mosquitoes. Ponds should be drained, cisterns should be so built that they cannot become the harboring-places of these insects. Rooms in which there may be hibernating mosquitoes should be thoroughly fumigated with a mixture of the dry stems of stramonium and saltpeter, or sulphur.

HOMEOPATHY VS. HAHNEMANNISM.

That there should possibly be a difference between Homeopathy and Hahnemannism seems incredible to many of those who profess to follow that great master in implicit obedience to everything he has said or written. And yet such a difference exists.

A homeopathist is one *that prescribes in accordance with the law of similars*. The Hahnemannian does this also, but in addition subscribes to all the theories advanced by Hahnemann. This includes the high attenuations, single remedy, psora, etc.

We subjoin here some remarks by Dr. Harvey B. Dale in the October number of the *Medical Visitor*:

"To be a strict Hahnemannian means more than would appear at first glance. It means the blind acceptance of everything that Hahnemann said or wrote, without even daring to suspect that 'the Master' ever made an error. It means that the physician should not think for himself, for Hahnemann has already done all this thinking for him. It means no necessity for investigation of any of the factors that tend to cause or help to cure disease, for Hahnemann has established the only cause of disease and the only means of curing it. It means that everything discovered since Hahnemann's day must be wrong, for Hahnemann was always right, and truth and error can never harmonize. It means that the sun set on medical progress when Hahnemann died, and set forever. In other words, it means—stagnation. It means the end, at once and for all time, to study, investigation, research—and of thinking. How many intelligent men and women are willing to enlist under this banner?

"To be a strict Hahnemannian seems to mean, also, to en-

joy a pleasing consciousness of the fact that one knows all that is worth knowing about disease and its treatment, and that all others who tread the homeopathic field are interlopers and impostors. The writer once knew a patient in an insane asylum who believed himself to be emperor of the world, and has never seen anything approaching the ecstatic state of mind exhibited by this man, except in the case of certain strict Hahnemannians. It is too bad to dispel so pleasing an illusion, but facts are stubborn things, and facts show that there are others in the homeopathic profession besides the aforementioned Hahnemannians."

Perhaps Dr. Dale is rather severe in his strictures on some of the brethren, and yet it is a fact that the great majority of the rank and file of the homeopathic profession are inclined to use their own judgment in these matters. Claiming loyalty to the great law, they recognize the fact that they must admit many facts of which Hahnemann knew nothing. Shall we estrange them, drive them away from the folds of our profession? No. We need them. We want their influence, and can have it, provided we treat them in a manner that is both just and liberal.

THE INTERNATIONAL HOMEOPATHIC CONGRESS.

At a meeting of the executive committee of the American Institute of Homeopathy and the special committee of the International Homeopathic Congress, held in New York, January 31 and February 1, it was decided to hold the congress, beginning Monday, the 10th of September, and ending Saturday, the 15th. The congress to be held in Atlantic City in accordance with the Institute's vote last June. It was also decided to open the Institute's sessions at 3 o'clock on Monday afternoon, September 10; and to hold the preliminary meeting of the congress on the same afternoon at 4:30; to have the formal opening of the congress on Monday evening, this meeting to be of a somewhat popular nature, as is the case with the opening meetings of the Institute itself; the president of the Institute to have a conspicuous part in this meeting of the congress. It was also decided to have the Institute's business session held daily from 9 to 10; to give the time from 10 to 1 o'clock daily

to the congress; and to ask the special societies to hold their sessions during the afternoons and evenings of the week, the congress also to have afternoon and evening sessions.

It was decided to devote Tuesday to the discussion of the "Principles and Propagandism of Homeopathy"; Wednesday to the study of *Materia Medica* (drug pathogenesis, provings, etc.); Thursday to Clinical Medicine; Friday to Pediatrics and Sanitary Science; Saturday to be used for adjourned meetings and concluding exercises.

Dr. A. W. Bailey, of Atlantic City, representing the local committee on arrangements, attended the meeting and promised to give ample accommodations to all the various committee, society and congress meetings, as well as to furnish ample accommodations for all guests.

KANSAS CITY HOMEOPATHIC MEDICAL SOCIETY.

The February meeting of the Kansas City Homeopathic Medical Society was one which was favored with one of the best papers of the season. It was a treatise on "Colds," by Dr. J. M. Patterson, professor of eye, ear, nose and throat in Kansas City Hahnemann. The paper dealt primarily with rhinitis, and a practical explanation of the actual conditions present was given together with a clever discussion of the various homeopathic remedies indicated and their differential indications.

The paper elicited a lively discussion, and was warmly praised by those present.

Dr. J. L. Alexander was chairman of the evening, and his genial countenance and expanse of forehead added the proper dignity to the occasion. He appointed as chairman for the March meeting Dr. Charles Ott.

KANSAS HOMEOPATHIC MEDICAL SOCIETY.

The Homeopathic Medical Society of the State of Kansas will meet at Topeka in May. The following are the officers of the society: president, Dr. H. M. Bentley, Sterling; vice-pres-

ident, Dr. A. Kendall, Cottonwood Falls; secretary, Dr. C. H. Lerrigo, Topeka; treasurer, Dr. M. A. Swift, Topeka.

The following is the list of bureau chairmen for the forthcoming meeting: Mental Diseases and Electro-Therapy, Dr. E. P. Mills, Olathe; Eye and Ear, Dr. M. J. Brown, Salina; Materia Medica, Dr. A. Kendall, Cottonwood Falls; Chemistry and Pharmacy, Dr. Clay E. Coburn, Kansas City; Surgery, Dr. H. W. Roby, Topeka; Obstetrics and Gynecology, Dr. W. J. Gates, Kansas City; Clinical Medicine.

The board of censors consists of Drs. Dorothy Nicoll, Topeka; E. W. Boardman, Parsons; and O. L. Garlinghouse, Iola.

The date of the meeting will be fixed this month.

MISSOURI INSTITUTE OF HOMEOPATHY.

Dr. George A. Mellies, secretary of the Missouri Institute of Homeopathy, has issued the following call for the forthcoming meeting of the Institute in St. Louis.

"The thirtieth annual session of the Missouri Institute of Homeopathy will be held in St. Louis, April 23, 24 and 25. Headquarters will be in the committee-room of the Hotel Jefferson.

"The following are the bureau-men appointed for this meeting: Pedology, John H. McCaughn, M.D., St. Louis; Neurology, Edward F. Brady, M.D., St. Louis; Sanitary Science, Thomas R. Gammage, M.D., Kansas City; Ophthalmology, Otology and Laryngology, J. M. Patterson, M.D., Kansas City; Gynecology, W. E. Cramer, M.D., Kansas City; Materia Medica, O. G. Gibson, M.D., St. Louis; Surgery, W. John Harris, M.D., St. Louis; Education and Legislation, L. E. Whitney, M.D., Carthage; Clinical Medicine, Maclay Lyon, M.D., Kansas City; Obstetrics, Frank Elliott, M.D., Kansas City; Diagnosis, R. Y. Henry, M.D., St. Louis.

"The title of the paper you are contemplating writing for the Missouri Institute of Homeopathy should be sent to the respective bureau-men or to the general secretary at an early date.

"Are you a member? Then you should make it a point to be present at this meeting. If you are not, write to the gen-

eral secretary for membership application blanks, and he will cheerfully send them and any other information you may desire. Every homeopathic physician should be a member of the State organization. It will enhance his professional standing.

"G. A. Mellies, M.D., General Secretary."

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lynn, 408 Deardorff Bldg.

Dr. W. E. Cramer made a business trip to Chicago this month.

The Missouri Institute of Homeopathy meets at St. Louis April 23-24-25.

Send in your subscription for the Medical Forum. Notify the business manager if you are not receiving your copy.

Dr. E. P. Mills, of Olathe, Kas., gave an instructive lecture at Kansas City Hahnemann, February 18, before the Dunham Medical Society.

The American Institute of Homeopathy meets at Atlantic City this summer.

Dr. Charles Ott, editor of the Medical Forum, made a business trip to Nebraska this month and incidentally made a few professional calls.

A new hospital has been opened in Kansas City by the Episcopal Church. It is called St. Luke's and is located at 2011 East Eleventh Street.

A fine place for an homeopathic physician in a town of 1,200 people and 100 miles west of Kansas City can be addressing the local editor of the Medical Forum.

Dr. S. D. Henry, of Excelsior Springs, Mo., was in Kansas City a few days ago, consulting in a case at his town. He has recently recovered from a severe attack of pneumonia.

Dr. L. E. Whitney, of Carthage, Mo., has come into general demand by teachers' associations and other organizations to deliver addresses on subjects of general health and hygiene.

Dr. S. D. E. Woods, of Wilsey, Kas., was in the city early this month. The Forum takes this opportunity of offering condolences to the doctor on the death of his wife, which occurred February 5.

Dr. D. A. Foote, of Omaha, reports that there are places for half a dozen homeopaths in and near Omaha. Good! Time was when it was said that the best thing in Omaha was a ticket to Kansas City.

Dr. E. P. Howell, formerly of Galena, Kas., who recently spent eight months abroad in post-graduate study, has located at Houston, Texas, and will limit himself to the practice of eye, ear, nose and throat.

Dr. Jay Smythe, of Holton, Kas., made a flying trip to Kansas City February 12. The doctor is one of those who believe in rapid transit. He owns an automobile, which he drives with success over the country roads.

Speaking of sporty homeopaths! The Round Table Club, of Omaha, meets every two weeks and has a course dinner, after which medical topics are discussed. The membership is made up of several of the live homeopaths of Omaha.

Dr. Frank Elliott, dean of Kansas City Hahnemann, and his wife were members of the party which left on a special train this month for a ten-days trip through the South. The trip was given by the Long-Bell Lumber Company. There were over 200 in the party.

Dr. Harriet Ravold, of St. Joseph, Mo., died last November. This will be sad news to a large circle of friends. The Medical Forum learned of her death only recently, but takes this opportunity of extending its sympathy and condolences to her husband, Dr. H. J. Ravold.

It has been truly said that Kansas City is the poorest equipped city in the way of office accommodations for physicians of any city in the West. There are, however, in course of construction eight or nine large buildings, which will materially relieve the condition.

Dr. George J. Mellies, of St. Louis, secretary of the Missouri Institute of Homeopathy, writes to the local editor of the Medical Forum that the St. Louis bunch is preparing to show the visiting delegates a royal time. Don't forget the dates, April 23-24-25. Let this be a banner year in point of attendance.

The State Board of Health of Kansas has been conducting a vigorous campaign recently against adulterated foods. Numerous samples of jams, preserves, catsups, etc., have been made by the State chemist and the results published in the board bulletin. These bulletins have been distributed to every county health officer in the State, and the subject matter will be published in the county papers. In this way the public will be warned of danger in purchasing certain products.

Dr. W. A. Forster, professor of surgery in Kansas City Hahnemann, was married, February 12, to Mrs. Ida Wilson. The ceremony took place at the home of Rev. George H. Coombs. Dr. and Mrs. Forster are at home at 1003 Brooklyn Avenue. The Medical Forum extends congratulations and best wishes to the doctor and his bride.

Dr. Eva Harding, of Topeka, is having her ground near Washburn College converted into a beautiful summer garden, having employed a landscape gardener to lay it out, and building an ornamental stone wall about it. She will build a home on it later, but wants the garden just for recreation. Some of the rest of us would be far better off if we could get out and dig in the earth and fuss around with posies every day.

The Medical Century, in its latest issue, has this to say of the medical college situation in Kansas City:

"The Kansas City Hahnemann Medical College has had perhaps the most marked increase in students of any of our colleges. Thirty-six new matriculants (divided as follows: freshmen, 17; sophomores, 7; juniors, 10; seniors, 2) have been added this year, making the total number of matriculants fifty-five. Our friends on the Missouri are certainly to be congratulated on this fine showing, and *The Century* wishes to be among the first to offer these congratulations. We have many friends in Kansas City. We have been on a committee to decide quarrels between factions, and we have been accused of favoritism, but all these quarrels seem to be over, and the re-organized faculty, 'the last and best yet,' is doing work of which we are all proud."

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ORIGINAL ARTICLES.

APIS MELLIFICA.

BY CHAS. OTT, M.D.

Dr. Brauns was, according to Hering, the introducer of this remedy. Whether this claim can be proven is not known, nor can we say how much he did in the line of scientific or clinical proving.

Dr. Wm. Boericke relates the following story in the *Medical Century*: "In 1847 Dr. Marcy was treating a lad who was suffering from dropsy. All remedies had so far failed. The case was rapidly getting worse. An old woman, belonging to the Narragansett tribe of Indians, brought some bees in a covered kettle, placed them over the fire, dried and then powdered them. From this a preparation was given night and morning. After twenty-four hours, the skin was less hot, the respiration easier, the pulse slower, and the patient recovered in a few weeks." This is the first recorded cure by apis.

There are various preparations of apis used. Hering demanded that only the pure poison be used, but his instructions are not universally followed. If it were, apis mellifica would represent only the pure poison obtained by grasping the bee with forceps and catching in a watch-glass the small drop of virus hanging from the sting. This is then preserved in alcohol or glycerine and potentized in the usual manner. This preparation is often called apium virus, in distinction from apis mellifica, the common preparation.

Many preparations of *apis mellifica* are either made by putting bees in a bottle and then shaking them, after which they are soaked in dilute alcohol, or by triturating the bees with sugar of milk. The 3 x triturate of *apium virum* is said to equal the local effects, as is seen from the following records:

A study of the constitutional and local effects of the bee sting will give a clear picture of the *apis* disease, hence indicate when its curative powers can be employed. In every case of bee sting the part rapidly swells up, becomes more or less hot and red, with a sore, tense pain and often considerable burning, tingling, itching and stinging. But usually we have more than these local effects, as is seen from the following records:

"A farmer was stung upon the tip of the nose. It instantly struck through his whole frame, like an electric shock; he was scarcely able to walk, staggered, mind bewildered; faint, prostration, with anxiety and distress at stomach; dyspnea, loss of consciousness for three hours. The prostration, mental confusion, with vertigo, lasted for weeks." A second exposure to bee sting showed similar symptoms, with prostration and dyspnea more marked, together with great sensitiveness of skin to contact.

A young woman was stung on the neck. Face became much swollen, eyelids puffed up, body covered with large wheals, mouth dry, throat constricted; symptoms lasted for one week.

Another victim had great swelling of tongue, with the urticaria, dyspnea and fruitless efforts to urinate, etc.

We may see from the above that *apis* acts especially on the skin, mucous membranes and cellular tissues. Thus we find the skin of the face, the mucous membrane of eyes, mouth, stomach, intestines, urinary and generative organs and the cellular tissue of the same, prominently involved. Especially affected are the tongue and ovaries, where the characteristic edema is produced, and also that stinging, burning pain so closely associated with *apis mellifica* poisoning.

Apis produces pain. This is burning or stinging, no matter whether found in the temples, joints, glands, eyes, ears, stomach, intestines, rectum, ovaries, bladder, urethra, in the serous membranes of the cavities or in the skin.

Apis produces cellular infiltration with edema. This edema is characteristic of apis wherever found, be it in the eyes, mouth, fauces, tonsils, throat or skin. This edema causes rapid swelling of the parts and is generally accompanied by the burning, stinging pains. Thus we have the eyelids much swollen, red and edematous; puffy, the upper lid hangs like a sac over the eye; the nose is swollen, red and edematous; lips, face and tongue are swollen. In glossitis apis is pre-eminent. It has a specific action on the tongue, like muriatic acid. The throat is edematous, rosy hued, gums sacculated and look watery; edema may involve the glottis.

Again, it produces a form of erysipelas. Here the parts are pale red, sensitive to touch, tense, burn and sting, with bruised soreness and general edema. We have seen it produce an urticaria with intolerable itching and distressed breathing, and these symptoms have been clinically verified. Carbuncles, with burning, stinging pains. The skin is very sensitive to the slightest touch or numbness, possibly arising from the pressure of the swollen tissues. These symptoms are better by the application of cold water, worse by heat and covering parts. Distress in breathing is a common symptom, with skin eruptions and especially with nettle rash.

Apis attacks the vital forces. It produces prostration, which may be so great that it is associated with faintness. General lassitude and trembling is an associate of this prostration, as is seen from the provings, not only as an immediate and early symptom, but as one of the chronic effects.

Thus, in the case of a farmer who was stung by a bee, recorded in the *Drug Pathogenesis*, it immediately struck through his whole frame, like an electric shock; he was scarcely able to walk, staggered, faint, death-like prostration, with oppression of breathing, etc. Again, in the case of a girl, after a sting on the eyebrow, sudden sinking of the vital power, with weak pulse, cold limbs, diarrhea, etc. And in another case a gentleman occupied in the study of bee life had experimented with the poison and noticed for years often tiresome prostration, loss of power, with trembling feeling; confused head, cannot bear closed rooms, etc.

This prostration gives us another condition characteristic of apis. Great desire to sleep, extreme sleepiness and the sleep

is interrupted by screams. For children who have sudden screaming spells at night—they waken suddenly from a quiet sleep and utter a shrill, piercing scream. Apis also produces a state of unconsciousness, sopor, interrupted by piercing shrieks. Now this is a condition that reminds us forcibly of the cephalic cry of meningitis, which in its weird fearfulness you'll never forget when once heard—and apis is one of our most valued remedies for dropsical effusion in the meninges when you have the suppressed urine, constant involuntary motion of one leg and arm, bores head into pillow, rolls its head, grates teeth, squints, flexing of the big toe (turning up), etc., and this short, sharp, shrill cry, with unconsciousness. Preceding this period of unconsciousness there is great irritability, throwing off of clothing, with aggravation from the least heat.

This symptom of sleepiness without fever is a pathognomonic initial symptom of idiopathic cerebral disease. Think at once of basilar meningitis.

The latter occurs frequently in the course of other diseases, and there is no other single symptom on which its commencement may be so surely predicted as this feverless sleepiness, not even the vomiting, the long-continued headache, the slow, irregular pulse.

Apis is often indicated in diseases of mouth and throat. In acute glossitis apis is more often indicated than any other remedy.

There is a species of sore throat in which apis is specific. There is no very great redness or pain, as in belladonna; not the hot coal feeling of phytolacca, nor is the tonsil itself inflamed, as in baryta, but there is a general edema of the submucous cellular tissue covering the tonsils, uvula, soft palate, and even the posterior portion of the hard palate.

There are two specific diseases in which the throat is often affected in the way of acute edema—diphtheria and scarlatina.

In diphtheria apis is the remedy when the prostration shows itself early and the membrane is dirty gray, the margin fiery red and shining; this fiery margin moves on as the membrane increases. The external neck is swollen and often has an erysipelatous blush. There is but little pain accompanying

intense and extensive inflammation. Uvula long and dropsical; looks like a small bag of water.

Patient is generally thirstless; perspiration comes and goes; feet and hands feel numb. Heat is very unpleasant to patient. Cold water relieves the itching and stinging. I have seen patients keeping their hands in cold water in this disease. There is scanty urine. Remember, that great debility characterizes the case from the first. Puffiness and bloatedness of subcutaneous tissues of neck and face. Throat puffy, swollen, stinging pains and great inertia, or even complete stupor.

Similar symptoms indicate apis in scarlatina. Miliary rash; drowsiness; fidgety and restless; dry mouth, yet not thirsty; puffy throat and edematous uvula; reperculated eruption, meninges irritated; great and early prostration, rolling of head and sudden screams, indicate it. Again, in post-scarlatinal dropsy, with scanty, suppressed urine; pale, waxen skin; no thirst; difficult breathing; patient worse from heat and more comfortable by cold, apis will do all medicine can do.

In poisoning of rhus tox., apis mellifica is one of the best remedies, giving relief and shortening the course, as well as tending to eradicate the lingering poison from the system.

In diseases of the female organs the main action is on the ovaries, causing irritation and pain, with tenderness; also, a tendency to uterine hemorrhage and miscarriage. The right ovary especially is a specific locality for manifesting its action, but both are painful, sensitive to touch and pressure, burn and sting. Hence its use in ovaritis, chronic enlargement of ovaries, with occasional paroxysms of pain in ovarian dropsy, where it cures in early stages and palliates in more developed stage.

Remember, the great apis objective symptoms. Skin waxy, edematous, puffy, the pallid face, the nettle rash, the enlarged glands, imperfectly developed or suppressed acute exanthema, as measles, scarlatina, often shown first in the puffy swelling under the eyes, the dropsy of hands and feet, the diarrhea, the right-sided affections of ovary or testicle, the suppressed urine laden with albumen and tube casts.

Remember the subjective symptoms: the suffocation, the nausea and deathly sickness, the tightness of chest, the desire for cold air, the aversion to heat; the fidgety, jealous, discour

aged state; the extreme sensitiveness to touch, the soreness, the burning and stinging, the constriction, the modalities, especially cold bathing.

The best results are obtained from the lower potencies, though the efficacy of the 30th and higher is unquestioned. Sometimes its action is slow in some affections, so several days elapse before it is seen to act, and then a free urinary secretion is produced, showing its favorable action.

HOMEOPATHY *VERSUS* CHRISTIAN SCIENCE.

BY LUELLA Z. RUMMEL, M.D., KANSAS CITY, MO.

One July morning about 4 o'clock I was hastily called to a nearby apartment-house to attend a case of confinement. Wife had been in labor most of the night, so the husband stated. I found the usual neighborly and mother-in-law excitement present and the patient writhing in a paroxysm of pain, which, from its severity, had the appearance of a climax close at hand. As I passed through the room I observed a table strewn with Christian Science literature, and a neighbor woman whispered to me, "The healer is here, also."

After assuring myself that there was no immediate preparatory rush, I got the following history and symptoms from the patient:

Young, frail, nervous little woman. So slight in form that I at once doubted full-term pregnancy. Third confinement; duration of pregnancy unknown; first confinement very severe, protracted, pains ineffectual, causing uterus to ascend, just as it was doing now. The os had been so rigid at that time that the doctor had been compelled to dilate it forcibly, and told her that her uterus was deformed and contracted on one side by a band of "gristle" which caused all the trouble. The final result then was an instrument delivery of a dead child.

Second pregnancy had resulted in a fetal abortion of twins, retained secundines, poor medical attention in a mining town and a struggle for life after being removed to a better place. The last curettement had occurred the previous November.

Examination revealed a very distinct cervix, rigid os, no dilatation whatever, no "gristle side" to cervix or uterus to be found, vertex presenting very high up—such conditions as one would expect to find in a six-and-a-half- or seven-months pregnancy. The pains were almost continuous, tearing, flying from side to side of abdomen. The uterus seemed to cramp in hard knots, first on one side and then the other, at which time the patient was nearly frantic with agony. Realizing that I was called for the emergency of delivery only, I said: "This is undoubtedly not a full-term pregnancy and you are suffering with false pains. There can be no delivery here until these conditions are righted. These pains should be stopped and either you be allowed to go on to full-term delivery, or labor pains be induced, resulting in a premature birth."

The healer was insistent and positive that the baby must be forthcoming. She knew a birth was imminent. Use instruments if necessary.

A critical climax had arrived. The patient begged for relief, but medicine was not wanted. As each paroxysm of pain increased her agony more and more, she pleaded for help, no matter from what source—just help.

The silent treatment seemed to be out of order—the patient had only been a student for a few months, and of course was not yet firm in the faith, etc., etc. "Oh, doctor! can you help me?" "Yes, if I may treat you in my way. I will not drug you with drugs, morphine, etc., but one-fourth of a glass of water, please." To which I added a few pellets of *actea racemosa* 1 m. and proceeded myself to give her a teaspoonful dose every fifteen minutes.

If I use a material vehicle to convey the spirit of my remedial force, so that it may act upon the spirit like vital force within you who are yet in the material existence, of the earth earthy, am I not pursuing a more rational, sensible procedure of cure than at first appears?

Relief began after the second dose, and in an hour's time she was resting comfortably, with pains recurring only occasionally. One teaspoonful every hour thereafter until complete relief. I had now learned that my patient was a victim of rheumatism with swelling and deformity of some of the joints.

I left her now. Returning in two hours, I found complete relief and a general family rejoicing with "the healer" in the circle. No more medicine needed or wanted, so I departed subject to call, which has never come, and I am still waiting for the material realization of a well-earned fee.

I have since learned that the remaining two months was passed without any serious trouble, and some other doctor had the final glory of delivering a fine baby boy. Since one of the principles of Christian Science is that of denial, possibly it will apply at this end of the scene better than in the first act.

SELECTIONS.

PRACTICAL LABORATORY DIAGNOSIS.

BY GREGG CUSTIS BIRDSALL, M.D., WASHINGTON, D. C.

Examination of Urine.

But few of our busy practitioners will take the time to make careful urinary examinations, or even have them made, except in cases where the clinical symptoms strongly point to renal trouble—as edema of the ankles, etc. The reason for this apparent neglect is far beyond my powers of explanation, but I think it is negligence rather than ignorance on the part of the physician. In order to correct this gross mistake, physicians should become better acquainted with urinary analysis and should recognize the great value derived therefrom, not only in diagnosis, but, of more importance, subsequent treatment. I believe that every person should have his urine examined from time to time and know exactly the condition of the kidneys.

The first and very important procedure is to insist upon a twenty-four-hour collection of urine being made, from which the sample for examination should be taken. Some diagnosticians require a morning specimen in addition to the twenty-four-hour sample, in which to look for casts. The amount normally excreted varies between 40 and 48 ounces in twenty-four hours. When there is a large amount—over 64 ounces—it may denote

diabetes, cardiac hypertrophy, chronic interstitial nephritis, or, as is often the case, ingestion of a large amount of water. Diminished amount accompanies acute febrile diseases, edema, vomiting or diarrhea, and dilated heart.

Total solids are estimated by multiplying the last two figures of the specific gravity by the coefficient 2.33, which gives the number of grammes in 1,000 c. c. of urine (1). From this figure the total number of grammes can easily be estimated. Normally this amount will average between 50 and 60 grammes.

The specific gravity alone is of little importance in the diagnosis, and its fluctuation depends largely upon the amount passed in twenty-four hours. Normally it is about 1.018. A high specific gravity doesn't always mean diabetes mellitus; neither does a low specific gravity always mean diabetes insipidus. Lithemia, oxaluria, scanty excretion and a precipitation of acid sodium urates are generally accompanied by high specific gravity. Low specific gravity is seen in cases of chronic interstitial nephritis, cardiac hypertrophy, anemic conditions, and functional digestive disorders with non-assimilation of food.

I lay little stress upon the acidity as an aid in diagnosis, and I think this depends largely upon the amount of urine passed, the amount and character of the water ingested and the length of time elapsed since the specimen was collected.

Color also depends upon the amount passed. A heavy pink sediment generally consists of acid, sodium urates; a red sediment of blood or uric acid crystals; a white sediment of mucus, pus, epithelia or phosphates; and a ropy, slimy sediment of muco-pus, and alone is diagnostic of chronic cystitis or severe pyelitis.

For simplicity, I divide my analyses into two divisions—chemical and microscopical. The chemical I divide into physiological and pathological constituents. The former consist of urea, uric acid, chlorides, phosphoric acid and sulphuric acid. The latter comprise albumin, sugar, indican, bile, acetone and diacetic acid.

Urea.

This complex nitrogenous substance is probably the most important member of this group, and the method of its determination is well known—using the Doremus ureometer and a

freshly prepared sodium hypobromite solution. The apparatus is so inexpensive that no physician can afford to be without it. The total quantity of urea is constantly changing and depends largely upon the amount of nitrogenous food ingested. In healthy adults on general diet, it averages about 18 grammes in twenty-four hours. During pregnancy, urea is generally diminished and often drops as low as 10 grammes without serious uremic symptoms. Anemia and mal-assimilation of food are often accompanied by low specific gravity and low urea without albumin or casts. These cases are often mistaken for beginning interstitial nephritis. In the urine of persons under the influence of caffeine and theobromine, I have observed as much as 35 and 40 grammes of urea in twenty-four hours. As a rule, anesthetics are contra-indicated when the urea is below 9 grammes, and many surgeons will not operate if urea is below 5 grains per ounce, or 11 grammes. It has been practically determined that retained urea is not the sole cause of uremic convulsions, but that the urea acts as an indicator of the other retained poisons.

Sodium Chloride.

Of less importance, perhaps, than urea is the estimation of chlorides in the urine. I use the Purdy method of quantitative estimation because it is more rapid and fully as accurate as the titration test, but this requires a centrifuge and graduated centrifugal tubes. The titration method of estimation is as follows: 10 c. c. of urine are mixed with 90 c. c. of distilled water and treated with 5 drops of 4 per cent solution of potassium chromate. This mixture is titrated with one-tenth normal solution (2) of silver nitrate until the orange color produced will not disappear on stirring. The number of c. c. used multiplied by 0.01 will indicate the amount of chlorides in 10 c. c. of urine. Normally, 10 to 14 grammes of sodium chloride are excreted in twenty-four hours. An increased amount is seen after acute febrile conditions. After the administration of diuretics and in diabetes insipidus, I have also noticed an increase in some cases of beginning contracting kidney before albumin or casts appear, when the proportion between urea and chlorides is quite unusual, there being an increase in chlorides proportionate to

the decrease in urea. I have followed up a number of cases where this proportion existed, and sooner or later the typical signs of chronic interstitial nephritis developed. Chlorides are diminished in cases accompanied by vomiting, diarrhea, serous effusion, or dropsy. In pneumonia and edema of the lungs the decrease in chlorides is a valuable prognostic sign and seems to vary in proportion to the severity of the disease. As recovery takes place, the chlorides increase.

Total Phosphoric Acid.

Personally, I have found the estimation of both the phosphates and sulphates to be of little value in urinary diagnosis. They are, as a rule, decreased in febrile diseases and increased during convalescence. I do not think that there is an increase of phosphoric acid in nervous disorders. Personal observations have not substantiated this widely believed theory. Again, a sediment of phosphates does not indicate an increased amount of phosphates, but that the urine is alkaline and the acid phosphates have precipitated in the form of insoluble alkaline phosphates.

To estimate the total phosphoric acid, a solution of uranium nitrate is used with tincture of cochineal as an indicator.

Uric Acid.

Though only a small red crystal, this causes more worry to more people than anything else connected with the urine. How much this substance has to do with rheumatism has not yet been fully explained, but there is no doubt that there is a decrease during an acute attack of rheumatism and an increase during convalescence. Normally there is excreted from 0.5 to 1.2 grammes in twenty-four hours; but this is variable, and depends, as does urea, largely upon the amount of nitrogenous food taken. It can be estimated by strongly acidulating 100 c. c. of urine with hydrochloric acid and placing the mixture in a cold place for twenty-four hours. It is then filtered and the precipitated uric acid crystals are dried and weighed. There is a shorter method of estimation by means of precipitating silver urate with an alkaline solution of silver nitrate and centrifugalizing. This method is very accurate and requires only a few minutes.

Indican.

In the urine this generally denotes intestinal obstruction or impaction. It sometimes accompanies oxaluria intestinal indigestion. To determine its presence, take equal parts of hydrochloric acid and urine and add several drops of a solution of calcium hypochlorite. Shake well with a little chloroform, which turns blue if any indican is present. The darkness of the blue determines the amount of indican.

Bile.

Bile in the urine always denotes hepatic congestion or a stoppage of the bile duct. It is easily determined by floating on the top of the urine a few cubic centimeters of a diluted (1 to 10) solution of iodine tincture, and, if present, an emerald ring will form at the point of contact.

Serum Albumin.

Boiling the urine for albumin is some people's idea of a urinary examination; but not so these days. I even know of one physician who considered that every precipitate formed by boiling the urine was albumin, and wondered why he had so many cases of "Bright's." Always add a few drops of acetic acid after boiling and boil again. If the precipitate is phosphates, it will disappear; if albumin, it will remain. I consider the heat and acetic acid test more delicate than the nitric acid contact test. When the urine cannot be filtered clear, add one-fourth as much liquor potassæ as urine, heat until the mucus coagulates and filter, then boil and add acetic acid. For quantitative estimation, I use the potassium-ferrocyanide method with the centrifuge. Esbach's test is accurate, but requires so much time. In an Esbach tube place urine to be tested so that it comes up to the letter U, add Esbach's reagent (3) to the letter R and shake. Let stand for twenty-four hours and read off the amount of precipitated albumin. In suspicious cases, albumin will sometimes be found in the early morning urine when negative at other times of the day. The presence of albumin does not always denote renal disease; as there are a number of other conditions with which it is seen, as pyelitis, cystitis, prostaticitis, urethritis and hemorrhage

into the urinary tract are generally accompanied by more or less albumin. After boiling with acetic acid, a sediment will sometimes be seen after the urine cools. If this precipitate disappears upon boiling again, it is albumose and not true serum albumin. I have observed it in a number of cases where there was no apparent pathological reason for its appearance. Albumin generally accompanies the presence of much pus, and it is often difficult to determine whether it is all derived from the pus or whether there exists an accompanying nephritis. Some urologists count the number of pus cells per cubic centimeter of urine, and estimate the amount of albumin which ought to be derived from the pus; but I have found this method unsatisfactory in many ways, and I put more dependence in the presence of casts and epithelia and the amount of urea excreted. Vaginal discharge is a common source of pus, and consequently a small trace of albumin. This can be easily overcome by having the patient take a douche before passing the sample of urine.

Sugar.

Sugar is generally seen in urines having a high specific gravity and light color, but never rely upon these signs alone; always test every urine for sugar. I use the copper test (Purdy's solution) and the fermentation test. Fehling's solution is good, but the end reaction of the Purdy test is much easier to determine. If only a trace is found, don't be too hasty about diagnosing diabetes mellitus; it may be only a transient glycosuria from eating too many sweets; it may be due to the urine having been brought in an unclean wine bottle, for maltose oxidizes the copper solution. When sugar is found, it is always wise to examine for acetone and diacetic acid, as both are important in determining the prognosis. Equal parts of diluted tincture of iodine and liquor potassæ are shaken together, a small amount of urine is added and the mixture is again shaken. The odor of iodoform signifies the presence of acetone. The prognosis for recovery is always grave after acetone appears. Clinical appearance has proven that the younger the patient the more grave is the prognosis. To test for diacetic acid, a few drops of 10 per cent ferric chloride are mixed with 2 drachms of urine, and the precipitated phos-

phates filtered off. Add a few more drops of ferric chloride and a dark red color is produced, which disappears on boiling, if diacetic acid is present. Salicylic acid and phenol in the urine give the same color with ferric chloride, but it will not disappear on boiling. Few patients live a year after the appearance of diacetic acid, and preceding coma it is found in large quantities.

Ehrlich's Diazo Reaction.

While this is not a positive indication of typhoid, it is a great help in confirming its diagnosis. The test is as follows: Take 40 drops of the sulphanilic acid solution (4), and 1 drop of a 0.5 per cent solution of sodium nitrite, and shake together, add an equal quantity of urine, and, after shaking again, float a little ammonia water on the mixture, and if a carmine ring is found, the test is positive. The diazo reaction is sometimes seen in acute febrile diseases, and in pulmonary tuberculosis its appearance generally denotes a fatal termination.

Without a microscopical examination of the sediment I consider a urinalysis only half made, and I also think that the sediments should be centrifugalized. The acid crystals commonly found are uric acid, sodium urate and oxalate of lime. The alkaline urine may contain amorphous phosphate, triple phosphate, stellar phosphate, ammonium urate and oxalate of lime crystals. Acid sodium urate and amorphous phosphate appear somewhat similar under the microscope. Heat the slide a little and the sodium urate will disappear. A sediment of uric acid and oxalate of lime with high specific gravity and dark acid urine generally denotes lithemia. The appearance of water in the urine during convalescence from acute febrile diseases is always a welcome sign. They also denote incomplete transformation of proteid food.

A precipitate of phosphates does not denote an increased amount in the urine. They are precipitated in alkaline urines and when alkaline fermentation has taken place.

When true casts are found in the sediment, it is positive proof that there is some renal trouble. Casts seen in acute nephritis are hyaline, epithelial and blood. Granular casts denote a tendency toward chronicity, and waxy casts reveal the

presence of amyloid degeneration. Hyaline and granular are generally seen in the croupous form. In chronic interstitial nephritis (contracting kidney) casts of the hyaline variety are very scanty. They will be found sometimes in urine passed after some violent exercise, or in the early morning urine when not found at other times.

A small number of blood and pus corpuscles in the urine with epithelia generally denote acute or subacute conditions. If from the kidney, casts will be present and renal epithelia. To determine the source of a large amount of blood (hematuria) or pus (pyuria) is sometimes a very difficult problem, but I rely largely upon the variety of epithelia which accompany it. When there is much pus, it is well to examine the sediment without centrifugalization, and add a drop of acetic acid to the drop of sediment. This clears up the pus corpuscles and makes their nuclei stand out prominently.

To examine for tubercle bacilli in the urine, spread some of the centrifugized sediment on a slide and stain in the same manner as a sputum film.

Notes.

(1) Grammes can be changed into grains by multiplying the result by 15.4.

(2) Normal silver nitrate solution consists of silver nitrate (c. p.), 29.059 grammes, and distilled water, 1000 c. c. One-tenth normal solution consists of normal solution, 10 c. c., and distilled water, 90 c. c.

(3) Esbach's reagent: picric acid, 10 grammes; citric acid, 20 grammes; distilled water, 1000 c. c.

(4) Hydrochloric acid, 50 c. c.; distilled water, 1000 c. c.; sulphanilic acid to saturated solution.—*Medical Century.*

Regarding saeal serulata, commonly known as saw palmetto, Dr. Pinart has this to say: "It is considered a specific in prostatic hypertrophy, and acts on the bladder and urethral tissues, aiding micturition. It also acts on the breasts, enlarging and fattening, with a tonic effect, thus increasing the flow of milk."

AN HOUR WITH EXCHANGES.

ACONITE AND VERATRUM VIRIDE.

Hill thinks it is about time for some one to concern himself with the limitations of the use of drugs. So much has been written as to what drugs will do, that if one were to judge by published reports, the conclusion would seem inevitable that with only a few drugs we could obtain almost any result required, which is manifestly not true. The drugs to which the author devotes his attention are aconite and veratrum viride. He asserts that the physiological action of the two drugs is so similar that what he has to say of aconite can be applied with equal force to veratrum. The physiological action of aconite may be stated thus: primary action—stimulation of the peripheral nerve endings; stimulation of the vasomotor mechanism; powerful stimulation of the respiratory center. Secondary action—paralysis of the over-stimulated peripheral nerve endings; pronounced depression of the heart; lowering of the blood pressure; reduction of temperature. The indications for the use of these drugs then are: to relieve pain, reduce temperature, promote diaphoresis, slow the heart, and reduce blood pressure. To relieve pain aconite is dangerous and inferior to other remedies. As a diaphoretic it does not compare with Dover's powder or pilocarpine. It is inferior to digitalis for slowing the heart. Blood-letting is to be preferred to it for lowering the arterial tension, and finally the reduction of fever by means of drugs is not a thing to be very greatly desired.—*Jour. Amer. Med. Assn.*

PURPURA HÆMORRHAGICA AND CEREBRO-SPINAL MENINGITIS.

At a meeting of the Society of Pediatrics, MM. Rist and Paris reported the case of a boy, 11 years of age, who entered during the service of M. Guinon on account of purpura hæmorrhagica and died at the end of eighty-four days with the symptoms of cerebro-spinal meningitis, after a succession of morbid

phenomena singular in themselves and difficult of interpretation. In the beginning and for the first twenty-four days there was typical purpura hæmorrhagica with gastro-intestinal disorder. During the following fifteen days the symptoms amended and convalescence began. Then hematuria occurred for twenty-six days. After the hematuria ceased there was a sudden onset of rather high fever of a remittent type, and during fifteen days oliguria with albuminuria. Finally meningeal symptoms manifested themselves, and after a duration of forty-eight hours death from coma supervened.

At the autopsy purulent cerebro-spinal meningitis was found. In the liver were some whitish, infectious nodules. There were large, white kidneys with microscopical abscesses in the cortices, with the presence of microbes. In the meningeal pus the diplococcus of Weichselbaum was found.

After discussing the symptoms and lesions, MM. Rist and Paris came to the conclusion that all the symptoms presented by the patient were due to toxic infection by Weichselbaum's diplococcus.—*Le Progrès Médical*.

CLINICAL OBSERVATIONS ON A KIDNEY WHICH CONTAINED MORE THAN FORTY THOUSAND IRIDESCENT CALCULI.

J. Bland-Sutton reports in *British Medical Journal* this interesting case. The patient was a printer, thirty-eight years of age, who had had pain in his right loin for a period of fifteen years. He had no remembrance of passing a calculus, although the small spherical bodies found in his kidney seemed to be made to traverse the ureter. The sac which contained them appeared to communicate with the renal pelvis by a small orifice, barely allowing the passage of a small bristle. The urine contained microscopic traces of blood and pus cells, which increased markedly after exertion. It is probable that the sacculus containing the stones was of congenital origin. The retarded flow of urine through the pouch was a means of adding to the number of the concretions, while the anatomical conditions of the sacculus hindered them from escaping. The kidney was found at operation to be much enlarged and very movable and its lower half stuffed with calculi. It was completely dis-

organized and was removed. The calculi really fall into two groups: The first group consists of ten calculi of varying sizes and shapes. The largest resembles a child's astragalus with well-marked facets. The smaller calculi are fairly spherical, and all of a bright color, like old gold. It is probable that 40,000 is far below their real number. They consist chiefly of calcium phosphate and calcium oxalate, and there is epithelial matter also in the concretions, but this is more abundant in the husk than in the kernel. The iridescence of these calculi is as remarkable as their great number.

INHALATIONS OF FORMALIN.

Spengler recommends formalin inhalations in pulmonary tuberculosis and fetid bronchitis, prepared after the following formula:

R. Formalin, m. lxxv.
Alcoholis (absolute), dr. v.
Spiritus ætheris, oz. iiss.

M. Sig.—Place 10 drops in a tumbler and take ten or twelve deep inspirations, the mouth being removed from the glass to exhale. The first inhalations should be superficial and the latter ones deep. Inhalations are made every other day at bed-time and stopped after two weeks, to be resumed in a few days and continued as before.—*Jour. Amer. Med. Assn.*

CONCLUSIONS FROM FIFTY-ONE INTUBATED FATAL CASES OF LARYNGEAL DIPHTHERIA.

B. R. Shurly, M.D. (*Pediatrics*): In the first series of 31 fatal intubations occurring in 100 cases, death was caused as follows: broncho-pneumonia, 5; broncho-pneumonia and sepsis, 6; extension of membrane and sepsis, 15; broncho-pneumonia, extension of membrane and nephritis, 2; cardiac paralysis, 3. The mortality under three years was 49 per cent, while over three years it was 19.6 per cent. Ninety of these cases had no antitoxine until after the operation. In the second series of 100 cases intubated there were twenty deaths. Here the mortality under three years fell to 29.2 per cent, while over three years it was only 12.1 per cent. In this series 72 cases re-

ceived no antitoxine until after intubation. It is not sufficiently realized that the question of a few hours in the use of antitoxine may turn the tide against us. Each fatal case of laryngeal diphtheria demonstrates with mathematical exactness that the patient died of the extension of the membrane or sepsis, and the sequelæ; both of these conditions are preventable by administering a curative dose of serum on the first day of the disease. In the fatal cases where lymphatism was present the processes were very rapid. Antitoxine, *per se*, cannot be held responsible for a single death; insufficient dosage, however, will explain the great majority of them. Three deaths can be assigned to accidents of operation: one by the breaking of an obturator, the end coming before another could be obtained; two died from membrane plugging the tube; where the membrane is below the tube, and when this danger is apparent, the string should be left attached to the tube for some hours.—*N. A. Med. Herald.*

ALBUMINURIC RETINITIS.

Greenwood asserts that the prognosis with regard to the length of life in chronic nephritis without retinal complications is very uncertain, while with retinal complications fairly accurate predictions may be made. The author states that a patient suffering from chronic nephritis who develops albuminuric retinitis will rarely, if ever, live more than three years after the development of the eye symptoms. The author classifies all cases of albuminuric retinitis into two classes and briefly reports a number of cases to illustrate his system.—*Jour. Amer. Med. Assn.*

THE RELATION BETWEEN UTERINE AND NASAL REFLEXES.

Some very interesting observations on this subject have been made in the clinic of Professor Chrobak by Drs. Jerusalem and Falk in 100 parturient women. Fleiss has shown that there is a connection between the female genitals and certain areas in the nose, so that, for example, by cocaineizing the latter dysmenorrheal disturbances were caused to disappear. Jerusa-

lem and Falk have sought to determine in how far the labor pains could be influenced through the nose. They found that the early labor pains, especially those in the sacral region, could be considerably ameliorated by painting the swollen and sensitive mucous membrane of the inferior turbinates with adrenalin and cocain. On the other hand, the pains during the period of expulsion were not influenced. By irritating the inferior turbinate by means of a sound or Faradic current uterine contractions could be produced.—*Int. Jour. of Surgery.*

RUPTURED TUBAL PREGNANCY.

Professor Ehrendorfer, of Innsbruck, has recently operated upon two patients for tubal abortion with the formation of hematoceles. Both were multipara, 31 years old, and had suffered from hemorrhage for five weeks. Laparotomy was performed with removal of the coagula and excision of the diseased tubes. Recovery was uneventful. Ehrendorfer believes that in cases of large hematoceles with considerable disturbances abdominal section is justifiable, as it enables us to clearly determine the existing conditions.—*Int. Jour. of Surgery.*

Dr. Kernler, in *Allgemeine Homeopathische Zeitschrift*, has much to say about adonis vernalis as a heart remedy. It is said to be especially valuable in those due to rheumatism, and then chiefly, when we must suspect a state of fatty degeneration. As in those conditions myocarditis exists in a greater or lesser degree, it can be said to be efficient in those cases also. A rapid, weak, irregular pulse, intermittent, accompanied by cyanosis and dropsical symptoms, are among the indications given for the use of this often neglected remedy. 1 centesimal, or 2 x were the potencies employed.

Bryonia disturbs the sleep by exciting, annoying dreams about one's affairs; dreams full of quarrel; startings during sleep; visions of frightful scenes and objects, crowding upon the fancy, while the body is hot and covered with sweat.—*M. E. Douglas, M.D.*

THE MEDICAL FORUM.

A Monthly Journal Devoted to the Interest of the Homœopathic Profession.

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EDITORIAL.

HOMEOPATHY AND MEDICAL EDUCATION.

Much is said in our day about the advance in medical education. Yes, there has been progress in this direction, and that has been instrumental in raising the standard of medical knowledge in the profession. The benefits of this are so decided and apparent that both the profession and laity see it and there are very few if any to be found that would be willing to have the old-time conditions return.

As a consequence of the advanced knowledge there has been an extension of the time required to obtain a medical education. With a small amount of previous knowledge, a student could

start in, twenty-five years ago, to "read medicine" for a year, and then attend two terms, of five months' duration, in a medical college, and thereby become a full-fledged doctor of medicine. Things are different now, and it is well that they are. But who deserves the credit for this advance. Of course, there are many now who are willing to say, "I did." And it is true that these changed conditions were not the result of any one man's work, nor were they achieved in a year or two. United forces, continued work, and gradual evolution were found here as well as in other reforms.

That Homeopathy was a potent factor in this and that homeopaths were leaders in this movement for advance has often been denied. In fact, it has been customary to represent the followers of Hahnemann as being a set of ignorant men and women. Their colleges have been discredited in many cases. Was there any reason for this? No. Medical history, written impartially, will record these facts:

1. Homeopathic colleges have for many years laid the greatest stress in their educational work on a thorough equipment of their students in materia medica and therapeutics. Surgery and allied branches were taught, but internal medicine was placed in the most prominent position. Our allopathic friends have never had much of a stable, systematic materia medica, and so they placed surgery and allied branches in the foreground.

2. In the attempt to raise the standard of medical education the homeopaths were leaders. It is even claimed by many that homeopathic doctors were the originators of those measures that have brought on much of the change now so visible. In a recent number of the *Hahnemannian Monthly* (p. 405, 1905) Dr. W. S. Searle, of Brooklyn, N. Y., states that as early as 1868 he presented to the Legislature of the State of New York a bill for the creation of a Board of Medical Examiners. When four years later this measure was enacted, the homeopaths were the first to demand a board under the provisions of this act.

Homeopathic colleges were leaders in the extension of the term of study. The Homeopathic Medical College of the city of New York was the first medical school in America to adopt a three-years graded course of instruction. In that it maintained an advanced and isolated position for a number of years.

At the time when many of our respectable old-school colleges were yet graduating their students after attending a two-years course of lectures, the intercollegiate committee of the American Institute of Homeopathy passed the resolution that from and after the fall of the year 1892 a course of four years of medical study, and a rigid entrance examination where no diploma was presented, be required for the degree of M.D. And where the usual term of medical lectures had before that only covered five months, it was extended to six months.

Again we point to the fact that graduates of homeopathic colleges have taken no lack seats in examinations before State boards. Their general average has been higher than that of their old-school competitors. All this goes to show that homeopaths are not behind in medical education, but are leaders in this good work. We might say this in a spirit of boasting, but we do not. It is, however, due to the cause and to our school that we call attention to this fact. It should be remembered, and may be of value in more than one way.

PROFESSIONAL JUSTICE.

Often we are placed in a peculiar position. Our patients or their friends bring to us reports regarding the actions of one or the other of our competitors. They request us to give our opinion regarding their character or their qualifications. What shall we do? The most honorable course is to say something good of him who is in regular standing. If we cannot do that, we had better say nothing. By upholding reports that float in the air we may do the brother an irreparable damage, and to undo the damage is almost impossible. We should remember that our colleague has as much right to practice medicine as we, provided he has complied with the requirements of the State laws. He may not be an expert in all things, nor even in any one thing, but the profession is not made up of experts, but of men who have only "reasonable skill." If he has that, you must turn him over to the public to be judged by them.

And the people will judge. They soon form an estimate of the doctor's character; they judge his education and skill in a way that we cannot control, and then they make their choice.

Foolishly we often try to gain advantage with them, and usually fail. Once the writer listened to the one end of a telephone conversation. What was said at the other end we could not hear, but we can with the aid of a moderate imagination supply the "missing link."

"Hello! Is this Mr. ———?"

* * * * *

"Say, how is Mr. ——— getting along?"

* * * * *

"Well, I tell you that man is very sick; he should have a doctor; he should have a good doctor. You had better send him to me."

Did he get the case? No; surely not.

Or here is Dr. X——. He was called to attend Mrs. Y——. When he came, he found her "very sick." An attack of malignant typhoid fever was threatening. But neither patient nor relatives need be unduly alarmed. He was "called just in time," and they may rely on him to use his full skill and everything will come out all right.

Two days later the woman is well. One of the friends inquires about the case and he is happy to inform them that "she is out of danger"; and then, to emphasize his skill, he says in a very emphatic way: "Oh, my! she was a sick woman—but then we got her out of this. Where is there another man who could do this?"

He was regarded with disgust by those who heard him speak.

Be sure that the disguising will soon be useless, for the true nature of things will soon be discovered, and, as the people judge rightly, we will lose.

ABUSE OF PATENT MEDICINES.

The indiscriminate sale of certain preparations is a crime. The market is flooded with preparations that contain dangerous drugs, which, when placed in the hands of the ignorant, become the source of much loss of life.

How great this damage to public health and welfare is can never be known. Only those cases that are so plainly due to an "overdose" of the remedy, that a person suffering from a

headache or other minor ailments is laid cold in death, are reported in the newspapers. And yet there are annually reported nearly a score of such cases. How many there are where the unwise use of an unknown nostrum has given an existing ailment such a turn that it became fatal can never be known.

And then, how many have fallen victims to alcoholism, morphinism, or one of the many other forms of narcotism? Their number is appallingly great.

What, then, is the duty of a good Government? It should do two things:

1. Prohibit the sale of such articles without the prescription of a competent physician.
2. It should compel those who make such preparations to publish on the wrapper of each bottle a true list of the contents of the preparation.

In this way there might be removed the greatest source of danger arising from patent medicines.

What can we do? Protest against the use of patent medicines? That will be of little use. Replace the poor article by a good one. Give the people something better.

This cannot be accomplished by placing homeopathic medicines in our drug stores alone. We must introduce the same into the family circle. Why not make them acquainted with the prompt and beautiful action of our polychrests? Why not teach them that a few doses of aconite, gelsemium or nux vomica will do more for a cold than bromo-quinine ever did? Why not show them that nux vomica, arsenicum alb., pulsatilla or veratrum will accomplish more in intestinal disorders than any stomach bitters ever will?

And then there is something more than that. If they must have some of the articles that can be taken by the teaspoonful; something that gives quick relief, even though it only be temporary; something that has color and taste to back up the expectation of a cure—why not furnish it to them, rather than have them go into the market and make their own selection? Why not?

This suggestion may be dogmatically wrong, but practically it is right. Theory must always yield to practice.

DEATH OF DR. E. K. THOMPSON.

The many friends and acquaintances of Dr. E. K. Thompson, of Kansas City, Mo., were greatly shocked to learn of his death, which occurred at his home, 3949 McGee Street, after an illness of but four days. He was taken with a malady which the physicians in consultation pronounced black measles, and his condition grew rapidly worse until his death.

Dr. Thompson was 42 years of age, and leaves a wife and child. He was graduated from Hahnemann of Chicago, in 1888, and went soon afterward to McPherson, Kas., where he practiced until 1901, when he located in Kansas City.

He was professor of principles and practice of medicine in Kansas City Hahnemann at the time of his death.

He was a man of much ability and high professional standing.

COLLEGE ENTERTAINMENT.

The faculty of Kansas City Hahnemann entertained the students of the college and their friends Friday evening, March 9. The new Evanston Hall at 1013 Holmes was used, and it was decorated with palms and college colors. A short but interesting programme of speeches by members of the faculty and students, vocal and instrumental solos, was followed by the serving of refreshments and a social dance, which was enjoyed alike by students and faculty. Everyone had a good time.

DUNHAM MEDICAL SOCIETY.

The Dunham Medical Society of Kansas City Hahnemann will soon adjourn its meetings for the school year. The interest taken in the quizzes by the members and the earnest efforts of the officers have made this a banner year in the annals of the society. A few weeks ago the society gave a smoker, which was attended by several members of the faculty. Interesting addresses were made by Drs. Forster, Ott and Peet. Wit and knowledge blended with the fragrant fumes (?) of the Havanas.

Dr. E. P. Mills, of Olathe, addressed the society one Friday night on "Public Sanitation and Pure Food." The doctor is

thoroughly in favor of the latest and best methods of protecting against the invasion of epidemic fevers and also in favor of pure food laws. A vote of thanks was extended to the doctor.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

The Missouri Institute of Homeopathy at St. Louis, April 23-24-25.

Dr. C. F. Tincher, formerly of Jamestown, Mo., has located at Wellston, Mo.

The Transactions of the American Institute of Homeopathy have been sent to the members.

The Kansas City Hahnemann Medical College will hold its annual commencement on April 9.

Dr. Jos. M. Patterson, the genial eye and ear specialist, is spending several days at Hot Springs.

Dr. and Mrs. W. A. Forster are at home to their friends at 1003 Brooklyn Avenue, Kansas City, Mo.

Join the crowd and go to St. Louis, April 22, to the Missouri Institute of Homeopathy. Good programme, good time.

Don't forget the Missouri Institute of Homeopathy at St. Louis, April 23-24-25; headquarters at the Jefferson Hotel.

Dr. J. L. Alexander, of Kansas City, left early this month for New York city, to take a post-graduate course in surgery.

Dr. W. J. Gates, of Kansas City, Kas., has resumed work "at the old stand," after a short illness and operation at the hospital.

Dr. Geo. A. Gordon, of Chillicothe, Mo., died January 31. He was a graduate of the Cleveland Homeopathic Hospital College, 1870.

The two Denver medical magazines of the homeopathic faith have a lovely time bestowing rather doubtful compliments upon each other.

Dr. and Mrs. E. Arthur Carr, of Lincoln, Neb., announce the birth of a son, St. Patrick's day. They have given him the name of Kenneth Dellbert.

Dr. and Mrs. O. C. Thomas, of Spring Hill, Kansas, announce the birth of a daughter March 2, to whom they have given the name of Margaret Lucy.

Dr. Rebecca V. Ditzler, of Kansas City, who has been so seriously ill for the past four months, is now convalescent and will soon resume her practice.

Miss Jeannette A. Common, trained nurse, has taken up her abode at the residence of Dr. Rebecca V. Ditzler, 1303 Locust Street; Home 'phone, Main 4864.

Dr. Clay E. Coburn, of Kansas City, Kansas, has been appointed chairman of the bureau of clinical medicine of the Homeopathic Medical Society of the State of Kansas.

Dr. Emily S. Colt, of Kansas City, has moved to her suburban home near Mt. Washington. She will still maintain her office in the Deardorff Building, with hours from 9 a. m. to 4 p. m.

Dr. Caroline Guyer will have office hours from 9 a. m. to 12 m., at 423 Deardorff Building, Kansas City, beginning April 1. Dr. Luella Z. Rummel has the afternoon hours at the same location.

Dr. J. B. Keaster, late of Creston, Iowa, paid the Medical Forum a call recently. He has located for the practice of medicine at Roswell, N. M., where he will conduct a private sanitarium for the treatment of tuberculosis.

Homeopathic physicians of Kansas, Nebraska, Iowa and Missouri are cordially invited to attend the week of clinics and special lectures to be conducted by Kansas City Hahnemann Medical College, beginning April 2. Everything will be as free as water. Come and enjoy yourselves.

The Kansas City Homeopathic Medical Society will hold a special meeting in Parlor S at the Midland Hotel on Tuesday evening, April 3. This meeting will be attended by the visiting physicians from Kansas and Missouri who will be present to attend the clinics and entertainments planned by Kansas City Hahnemann Medical College.

Dr. Frank Kraft, editor of *The American Physician*, had an accident recently which may result very seriously. He fell on an icy pavement, suffering concussion of the spine. His lower limbs were paralyzed, and it is feared that the injury will be permanent.

Kansas City, Mo., is about to pass a pure food ordinance which is modeled after the proposed pure food law before Congress. The wholesale food-manufacturers who put adulterated food upon the market are trying in every way to effect the defeat of the Kansas City ordinance.

The faculty of the Kansas City Hahnemann Medical College will in a few days issue invitations to the annual commencement exercises and graduation of the class of 1906, to be held Monday evening, April 9, in the auditorium of the University Building, Ninth and Locust streets.

A Kansas City baby swallowed a gold collar-button the other day and several hours afterward spoiled a swell operation and fee by "passing it on." The child was two years old and the collar-button was an extra large one with a large base. The question arises. How large a foreign body can a two-year-old pass through the alimentary tract?

Dr. J. B. Young, of Clinton, Iowa, died of yellow atrophy of the liver January 24. He was eighty-two years of age. When sixteen years of age, he was stricken with pulmonary tuberculosis, and after being given up by several eminent physicians, went to Paris, where he was treated for three months by Samuel Hahnemann, and completely cured.

The following will read papers in the Bureau of Clinical Medicine of the Missouri Institute of Homeopathy at St. Louis, April 23-24-25: Dr. C. J. Luyties, St. Louis; Dr. M. R. Regan, Eureka Springs, Ark.; Dr. Frank Elliott, Kansas City; Dr. John H. McCaughan, St. Louis; Dr. S. D. Henry, Excelsior Springs; Dr. H. V. Halbert, Chicago; Dr. D. M. Gibson, St. Louis; Dr. L. P. Crutcher, Kansas City; Dr. W. E. Reily, Fulton; Dr. Geo. A. Mellies, St. Louis; Dr. Theodore Blanke, St. Louis; Dr. Maclay Lyon, Kansas City; and Dr. Baylis Champlin, St. Louis. Dr. Lyon is chairman of the bureau.

THE DOCTORS' LIBRARY

"Diseases of Children," a text-book for the use of students and practitioners of medicine, by C. Sigmund Raue, M.D., clinical professor of pediatrics at Hahnemann College, Philadelphia, Pa. Second edition; revised and enlarged; 61 illustrations; 776 pages. Cloth, \$5.00; half morocco, \$6.00. Philadelphia, Boericke & Tafel, 1906.

The author certainly deserves our praise for this most admirable work, clear, logical and showing evidence of painstaking and trained observation; he has given us a text-book which any physician will do well to place in his library, and that, too, where he can frequently consult its pages.

There are so many good features that I shall emphasize but a few: I., the chapter on diseases of the intestines. The careful analysis of abnormal conditions of bowel movements is well worth the price of the book. II., outlines of treatment. In this he does not attempt to make a materia medica, but gives rather differentiations of drugs, supposing that the physician has already the main features, at least, of our materia medica in mind.

His opening chapters on hygiene and nursing are in accord with modern methods, or at least of modern theories, and if followed out, would be of great benefit to the coming generation.

"Refraction," including muscle imbalance and the adjustment of glasses, by Royal S. Copeland, A.M., M.D., and Adolph E. Ibershoff, M.D., is the title of one of the best productions of the Boericke & Tafel publication department in years, their first for 1906.

This book of 150 pages is full of good things from cover to cover, in refraction, muscle imbalance and fitting of glasses, and is especially clear for the student and beginner. It is the best illustrated work of its kind that has come to our notice, and so clear and concise that the reader grasps the author's meaning upon the first reading. It is free from the excess verbiage of most works upon these subjects, and so instructive that all desiring to take up refraction should have a copy at hand. The publishers are to be congratulated upon the press-work and general construction of this instructive little volume.

Fisher.

THE MEDICAL FORUM

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No. 4.

ORIGINAL ARTICLES.

ADULTERATED FOOD AS A CAUSE OF STOMACH DISEASE.*

BY DR. MACLAY LYON, KANSAS CITY, MO.

Professor of Diseases of the Stomach and Intestines, Kansas City Hahnemann
Medical College.

That there is a wholesale adulteration of nearly all foodstuffs upon the market has become recently a matter of record.

That there is an alarming increase in the diseases of the gastro-intestinal tract there is little doubt. Whether this increase in disease is due to the former condition is a question for serious thought.

In the anxiety to procure wholesome food we are misled by the radical food-faddists and imposed upon by charlatan food-manufacturers. All manner of breakfast foods are upon the market, each advertised to contain more nutriment, volume for volume, than meat, curative to dyspeptic stomachs and delicious in flavor. The most of them contain but little nutriment, are prepared in such a way as to require extra digestive power, and some have been found to contain strychnine.

Instead of wheat, rice, oats or barley, it is found that corncob pulp, wheat straw and other foreign substances are used as substitutes, and the products flavored and colored to catch the eye and tempt the palate; a big package for small money, and an immense profit for the conscienceless manufacturer.

*Read before the Missouri Institute of Homœopathy, session of 1906, at St. Louis.

Thus the system is injured by foreign substances and drugs and the digestive economy is deprived of proper nourishment. Is it any wonder that disease attacks the alimentary tract?

Nor is the food-adulteration confined to breakfast foods. In other articles, such as jellies, jams, preserves, apple butters and catsups, coal-tar dyes are used to color, salicylic acid and the benzoate of soda to preserve, and glucose to give body. Chemical extracts are used as a substitute for fruit juices. These preparations are so cleverly prepared as to deceive the public. The price, too, is often lower than fruits and sugar could be purchased for an honest article. Vinegar is made by acidulating with sulphuric acid and adding to it enough acetic acid to make the characteristic cider-vinegar odor.

In the preparation of meats the salts of sulphurous acid, known commercially as "freezum," and borax are used. These chemicals preserve the meat, remove putrefactive odor and revive the original fresh color of it.

To enumerate the extent of the adulteration thus far ascertained would include almost every article of food furnished by manufacturers, wholesalers and dealers. The most of the adulterated foods have labels advertising them as absolutely pure, free from adulteration, etc.

As to the extent and prevalence of digestive disorders, I think the general practitioners will evidence the fact of an increase. To those who come in contact most with this class of disease the conditions are appalling.

Gastric carcinoma is appearing all too frequently. Chronic asthenic catarrh of the alimentary tract, a condition common to the American people, is simply increasing by fearful leaps. Acid gastritis, hyperchlorhydria, gastric ulcer and atrophic gastritis are also forging ahead.

It has been my experience in the past year to observe a peculiar gastric lesion which partakes of the malignancy of carcinoma, yet is really an aggravated form of chronic gastritis. The chemical and microscopical examination reveals certain symptoms of malignancy, yet the physical examination fails to show it.

Without going further into the discussion of the various forms of stomach disease encountered, I will say that I believe a great deal of this trouble is caused directly by the drug effect of adulterants taken into the stomach with food. Consider, if you please,

the probable effect of taking into the system two or three times a day definite quantities of salicylic acid, benzoate of soda, coal-tar dyes, salts of sulphurous acid and glucose. After months and even years of this punishment, is it any wonder that Nature rebels?

Pure food laws are being considered by the national Government and by State and city governments. I wish there might be a loyal support given this movement by the medical profession. As it is our duty not only to cure disease when possible, but to prevent it, is it not also a duty we owe our patients and ourselves to give support to any movement that will reduce the wholesale poisoning of the masses? So be it.

THE PULSE.

BY CHARLES OTT, M.D.

The question of diagnosis and prognosis is very important for the physician and patient. Therefore it is essential that correctness be its chief characteristic.

We have different diagnostic signs and symptoms that either singly or in combination with others tell the story. There is the tongue, the character of the respirations, the condition of the bowels, the temperature, the pulse, etc. Each one of these conditions or functions must be inquired into and their meaning correctly judged, or the diagnosis will be, to say the least, doubtful. And this requires a great deal of knowledge and care.

The observation of the pulse is a common thing with the physician, and yet too often it is done either carelessly or without the proper knowledge of the true import of what is found. And then it has often happened that what was actually present was not observed. To do this one thing well, there must therefore be two things—knowledge and experience. The cultivation of the habit to observe the pulse closely is of great importance in the medical practice.

We are summoned to the bedside. Among other things, we place our finger on the radial artery. We find the pulse regular, full, bounding. It is very much in a hurry. It seems to have a great quantity of blood to transport and does it with a will. What does this mean? We remember that such a pulse is rarely found except in inflammation and its forerunner, congestion. Thus we

have a strong indication that inflammation is either present or approaching.

Or we may find it very slow. It may be less than 50 beats per minute. In itself, the slowness may point to various conditions; therefore we look for further indications. We find it in this case not only slow, but weak, compressible. The diagnosis in this case includes weakness; the prognosis should be guarded, for there is danger. The weak, slow pulse is always a grave sign.

Or it may be exceedingly slow, but regular, strong, full. That means an injury or pressure on the brain. Again we had better be guarded in our prognosis, for we may not know the extent or lesion producing this peculiar condition.

Other things may cause a slow pulse. Some large-bodied, lymphatic, phlegmatic individuals have a slow pulse. In old age and during the puerperal state the pulse may decrease in frequency without having much significance. In cardiac lesions, such as fatty degeneration, chronic myocarditis or sclerosis of coronary arteries and aortic stenosis.

In some cases of epilepsy, injuries to cervical portions of spinal cord and some forms of insanity and paralysis may show a lessened pulse-rate.

Sometimes we have a very quick pulse. In fevers, this is of frequent occurrence. In these cases it will not; yes, must not, last long, or else the result will be exceedingly unpleasant. But sometimes we have it in cases that have no febrile symptoms. Tachycardia is a disease in which this is the most prominent symptom. It occurs in two forms, the paroxysmal and the persistent. In the former variety the pulsations have shown an enormous rapidity, reaching 250-300 beats per minute. The persistent form shows no such degree of rapidity, but still there is a marked increase. And then we may find such an increase in imperfect circulation due to obstructions in liver and kidneys or otherwise, and in valvular stenosis or insufficiency. As our treatment of these different cases must vary greatly, close observation and correct diagnosis become imperative.

Often the pulse is irregular. It does not keep time. The heart seems to work by jerks. This is not always a grave symptom. Perhaps it has hardly any significance whatever. The nervous mechanism is not in good working order. It may also become

habitual, so that it is present even if the health otherwise is good. Not only do we find irregularities of pulse beat, but often we find an intermittance, if it is felt at the extremities. This is often regular, so that certain beats are missed, say every seventh, thirteenth, etc. Sometimes this may be due to a faulty innervation, but more often it is a sign of weakness. Old people suffering from grippe often show this disturbance, and it bodes no good.

One physiological fact should always be remembered in judging the condition of the patient by the strength of the pulse, and this is: the quicker the pulse, the less will be the volume. Therefore, a rapid pulse will necessarily be a weak one, if it continues for a length of time. But when it is rapid, weak, wiry, fluttering, then disaster is impending.

There are four varieties of the pulse that we cannot observe with complacency, for they mean danger: (1) a very rapid pulse, not due to tachycardia, especially if this frequency of beat is accompanied by great weakness; (2) a very slow pulse; (3) a very irregular or fluttering pulse; (4) a pulse very compressible.

Sometimes the pulse is not alike on both sides of the body. That denotes an obstruction of the flow of the blood in its course. By close consideration of the anatomical structures of the circulatory system we may sometimes locate this hindrance.

Of some interest and a great deal of importance is that peculiar form known as the receding, or Corrigan's, often known as the water hammer pulse, which means a serious condition. Aortic regurgitation usually exists in such cases, and a sudden death may be expected.

Unnatural pulsation is always a grave sign, especially if the pulse wave is forcible with a quick, jerky impulse, which immediately recedes or collapses. It points to great weakness, or aortic insufficiency.

Often patients appear with a weak, rapid, irregular pulse, lesions for which there is no apparent reason. Always find out, in such cases, if tobacco is used. Nicotine has a marked influence on the heart, but often the disturbance is wrongly assigned to some other cause. When persons addicted to the use of "the weed" in any form show the slightest cardiac disturbance, they should forthwith and henceforth abstain from its use, for there is danger. But other stimulants and narcotics produce a similar effect; alco-

hol, cocaine, coffee, tea and others might be mentioned. In such cases the removal of the cause usually restores the heart to normal action:

ELECTRO THERAPEUTICS.

In one way and another poles have played quite a part in our history. The small ones of peach or hickory (they may have been only switches, but they looked and felt much larger) with which parents and teachers encouraged us in moral and mental progress will be recalled by all of us. The attenuated pole that knocks the largest and sweetest persimmon is the one we all seek to grasp and use. The poles that mark the north and south ends of the earth's axis have long been attractive to daring men and the efforts to reach them have had the tribute of men and money.

The negative and positive poles of an electric battery, however, are the ones in which we are most interested. Polarity is not confined to the zinc and carbon elements of a cell. All the people we meet are either positive or negative, either attractive or repulsive, and each is fitted with a pole-changer, for while to one they are negative, to another they are positive, and they attract and repel the same person at different times. All metals are divided into positives and negatives. Oxygen, sulphur, the halogens and all acids are negative, and hydrogen, zinc, natrum, baryta and calcarea are positive. The rule is that like poles repel and unlike poles attract. That may be the reason why such physically incongruous matrimonial combinations are "happy ever after."

In the use of the electric current as a therapeutic agent, the selection of the proper pole is one of the most important things. We should have well in mind just what we desire to accomplish, and should select the current, and especially the pole, with the same care we give to the selection of a remedy.

What follows applies especially to the galvanic current, as the effect of the different poles is more prominent with that than with the primary faradic; while using the secondary faradic, one may disregard the poles, using either indiscriminately.

*Read before the Kansas State Homeopathic Medical Society, May, 1906.

The positive pole is sedative and is the pole to be used for the relief of pain. In rheumatism, sciatica, ovaralgia and neuralgia, dysmenorrhea, earache, etc., the positive pole is to be applied at or as near as possible to the seat of pain.

The positive pole is hemostatic. In hemorrhage from any part, as the uterus, with the positive pole in the uterus, the faradic current is best indicated.

The positive pole attracts oxygen and the acids, and any electrode except those of platinum, gold or carbon will be oxidized if introduced within the tissues or in contact with the mucous membrane. As a result of such oxidation we have a deposit of the salt of the metal used into the tissue. Whatever changes occur there are due to this salt deposit and to the chlorine and acids attracted to the positive pole. The negative pole is an irritant and a stimulant and is to be used when you wish to arouse a dormant organ or tissue, as in chronic eczema. The negative electrode is to be brought into contact with the diseased area. It also attracts to itself hydrogen and the alkalies, and the scar which it leaves is like to that caused by an alkali—is soft and usually entirely disappears.

The negative pole causes disintegration and dissolution of tissue. No animal tissue can withstand its effect; even bone and the hardest of fibroma will yield. It is this effect that leads to the choice of the pole in the removal of superfluous hair, moles and warts, and the destruction of tumors and the reduction of enlarged glands. Also in the treatment of strictures and stenosis. A contracted os will quickly become soft and dilate when a negatively charged sound comes in contact with it.

The needle attached to a negative cord will not tarnish. It will disintegrate the water in the adjacent tissue, and much of its effect is due to the hydrogen liberated.

From the denseness of my ignorance of the subject I bring you these nuggets of fact, and hope that any misstatement will be corrected, and that others may add something to the subject that will be of benefit to those of us who wish to use this most valuable adjunct in our work.

In the use of electricity for its cataphoretic effect, we must always remember that likes repel and unlikes attract, and place positive elements on the positive electrode and negative elements on the negative electrode.

CORRESPONDENCE.

SWALLOWING FOREIGN BODIES.

Editor Medical Forum:

I noticed in the March number of The Forum the note in regard to the two-year-old baby who swallowed a collar-button and passed it successfully. It may be of interest, in answering your question, to cite a case that came under my care last summer: A stout, rugged girl, not quite two, swallowed a nickel and in a few days passed it successfully; all that was done being to give constipating foods.

Another child, a little older, but not much over two, swallowed the nut off of a bolt, it being half an inch square and a quarter of an inch thick. It took this boy about two weeks to get rid of it, but he did so with only a few spells of colic.

One other, who was four years old, this winter swallowed a common carpet tack, passing it without trouble.

Respectfully,

H. R. Miner, M.S., M.D.

April 4, 1906.

SELECTIONS.

PRACTICAL LABORATORY DIAGNOSIS.

BY GREGG CUSTIS BIRDSALL, M.D. WASHINGTON, D. C.

(Article II.)

Examination of the Blood.

In the diagnosis and prognosis of some diseases hematology is of great value; in many other diseases there appear to be no blood changes where we would naturally expect to find them. This fact has been especially disappointing in tuberculosis and typhoid fever, excluding the serum reactions.

Accuracy in making the examination is of the utmost importance, the process of counting requiring the most careful technic.

Technic.

I generally take the blood for examination from the lobe of the ear, as this is quite vascular and the nerves are less sensitive than in the tip of the finger. A little alcohol is all the disinfectant necessary, and, if applied after taking the specimen, will check any slight hemorrhage which may occur.

For counting the corpuscles a special apparatus is necessary, that of Thoma-Zeiss being the best. This consists of two graduated pipettes in which the blood is diluted, and a counting-chamber, which is so made that there will be a table 1-10 millimeter below the under surface of the cover-glass, and on this table there is marked off 1 square millimeter, which is divided into equal squares, each square representing exactly 1-400th of a square millimeter.

To estimate the red corpuscles, the blood is diluted, 1 to 100, in the pipette mentioned above, a normal salt solution being used. While drawing up the diluting solution, it is well to rotate the pipette, as this helps to prevent the blood from clotting. If any clotting does occur, the count will be inaccurate. To estimate the white corpuscles, dilute the blood in the other pipette in proportion of 1 to 10, using a 1 per cent solution of acetic acid. Each pipette should be thoroughly shaken to insure a perfect mixture of the blood and solution used. A drop of the 1 to 100 dilution is placed upon the table of the counting-chamber, and a cover-glass applied. Care should be taken that the drop is small enough to remain on the table without running into the surrounding moat. Thirty or forty squares are counted with the one-sixth lens, and an average taken, giving us the number of corpuscles in each square. As the distance from the cover-glass to the table is 1-10 millimeter, and as there are 400 squares in the square millimeter, we multiply the number of corpuscles in each square by 400×10 , giving the number of red corpuscles in a cubic millimeter of the diluted blood. As the dilution is 1 to 100, we multiply by 100 to estimate the number of red corpuscles in a cubic millimeter of the undiluted blood.

To count the white corpuscles, place a drop of the diluted blood in the counting-chamber as described above, and count all the corpuscles (the red are invisible) lying on the square millimeter. This is done with three or four different drops, and an average taken. Multiply this by 10 to estimate the number in a cubic mil-

limeter of diluted blood and this result by 10—the dilution—to obtain the number in 1 cubic millimeter of undiluted blood.

For estimating the hemoglobin there are a number of different apparatus, but the simplest is the Talquist method. This consists of absorbing a drop of blood on filter paper and comparing the resulting color with a given color scale. It is a rapid method, and sufficiently accurate for all clinical purposes. Gower's method is used by many, but takes much more time and is no more accurate.

I generally examine a fresh drop of blood under the microscope as well as the dried film. The fresh specimen shows the degree of crenation, rouleaux formation, size and shape of red corpuscles, and is often a convenient and rapid method of determining the presence of the plasmodium malarie.

In taking dried specimens for staining, the main object is to get a thin, even film. To fix the film it may be passed through a flame three times or immersed in absolute methyl alcohol. When Wright's modification of Leishman's stain is used, no previous fixing is necessary, as the stain fixes the film. This stain gives better results than any other I have ever used, and consists of a 0.5 per cent solution of eosinate of methylene blue in absolute methyl alcohol. Float the stain over the film for ninety seconds, and then without rinsing add a few drops of water, and allow it to blend with the stain for another ninety seconds. Then rinse well in distilled water, and dry slowly in the open air. This stain brings out clearly the various forms of red and white corpuscles as well as the plasmodium malarie. The polymorphonuclear neutrophilic leucocytes have lilac-colored granules; the large and small lymphocytes have blue nuclei with light blue protoplasm; the myelocytes have purple granules. Mast cells have dark blue or black granules and eosinophiles are yellowish-red. The red cells are eosin-yellow, and normoblasts—nucleated red corpuscles—have blue nuclei. In differentiating the leucocytes I count no less than 200 cells from which to estimate percentages.

Normally, there are about 5,000,000 red corpuscles in the male adult, and about 4,500,000 in the female. The white corpuscles vary from 6,000 to 9,000 per cubic millimeter.

Anemia.

As anemia is the most common form of blood disease, it is well to consider that first. The blood changes vary in each case

according to the cause and length of time the disease has progressed. There are three forms of anemia, of which simple anemia is the most common; next in order is chlorosis, and least common of all is pernicious anemia.

Simple Anemia.

The first stage is characterized by a decrease in hemoglobin. As the disease progresses poikilocytosis (distortion of the red cells) develops, the corpuscles cease to form rouleaux, and crenation is less marked. There is a decrease in the number of red cells, nucleated red corpuscles appear, and white corpuscles are usually normal or increased. Simple anemia often accompanies or is secondary to malaria, malignant diseases, chronic dysentery, nephritis and lead poisoning.

Pernicious Anemia.

While in simple anemia the red cells average above 2,000,000, in pernicious anemia they generally range between 1,000,000 and 2,000,000, and in the latter stage 500,000 red corpuscles per cubic millimeter is not rare. In simple anemia the hemoglobin in comparison with the red corpuscles is relatively low, while in pernicious anemia it is relatively high. The red cells are large, elongated, and many are nucleated, the megaloblasts predominating. Rouleaux, as in simple anemia, are absent. There is usually present a leucopenia (decrease in white corpuscles), and the stained specimen reveals a decreased percentage of polymorphonuclear cells, and an increase of lymphocytes. As the fatal termination approaches a lymphocytosis generally develops. Myelocytes are common.

Chlorosis.

This should not be confused with either of the above forms of anemia. The red corpuscles rarely fall below 2,000,000, the white corpuscles are usually normal, and hemoglobin is relatively low. The difference is more readily seen in the stained specimen, as the corpuscles are round and about normal in size, with light centers and dark edges. Normoblasts (small nucleated red cells) are common, and myelocytes are very rare.

Leucocytosis.

Another blood change commonly met with is leucocytosis or an increase in the polymorphonuclear variety of white cells. There

is a physiological leucocytosis in infants during digestion and during pregnancy. Pathologically, it is found during the course of malignant and inflammatory diseases, and often confirms the diagnosis of abscesses in different parts of the body; appendicitis, pneumonia, peritonitis, and all pyemic and septicemic conditions. Exceptions to this rule are found in typhoid fever and tuberculosis. An increasing leucocytosis is generally diagnostic of the formation of an abscess in appendicitis, salpingitis or peritonitis; while an abscess well walled off may contain a large amount of pus and still give only a mild leucocytosis. Cases of catarrhal appendicitis are seldom accompanied by a leucocytosis above 14,000. In suppurative cases there are generally from 15,000 to 20,000 leucocytes per cubic millimeter. Leucocytosis during pneumonia is of considerable prognostic value, and, if present, can be relied upon in giving a favorable prognosis. I know of no better method to determine the prognosis of a severe case or prolonged resolution.

Sarcoma and Carcinoma.

Sarcoma and carcinoma are generally accompanied by leucocytosis, the highest counts being found in carcinoma of the breasts and liver, and averaging from 14,000 to 19,000.

Normally, the different varieties of leucocytes have about the following percentages:

Polymorphonuclear neutrophiles.	70 per cent
Small lymphocytes.	27 per cent
Large lymphocytes.	2 per cent
Eosinophiles.	0.9 per cent
Mast cells.	0.1 per cent

In leucocytosis the polymorphonuclear neutrophile variety often exceeds 90 per cent.

Lymphocytosis.

Lymphocytosis is a common accompaniment of whooping-cough, and is of value in its early diagnosis before the "whoop" begins. In a well-marked lymphocytosis the combined large and small lymphocytes often exceed 50 or 60 per cent.

Leukemia.

Leucocytosis should not be confounded with leukemia, which consists of two varieties, lymphatic and myelogenous. In both forms the red corpuscles average between 3,000,000 and 4,000,000,

while there is a tremendous increase in the number of white cells, averaging about 400,000 per cubic millimeter. In the myeloid form the myelocytes often exceed 50 per cent of the white cells, while in the lymphatic form there are practically no myelocytes at all, and the lymphocytes predominate.

Pseudo-Leukemia.

Pseudo-leukemia or Hodgkins' disease presents practically the same clinical symptoms as leukemia, but an examination reveals normal blood. This is practically the only way of differentiating the two diseases. The prognosis in a case of leukemia can be governed by the increase or decrease of white corpuscles.

Widal Reaction.

It is important to diagnose typhoid fever as early as possible, and here we make use of the Widal serum reaction, which consists of "clumping" or the grouping together of the typhoid bacilli and a gradual decrease of their motility when typhoid bouillon is mixed with blood serum taken from the suspected patient. The technic is as follows: have a fresh bouillon culture of the typhoid bacillus not over twenty-four hours old. A drop of blood is taken on a slide and allowed to dry without spreading. This is moistened with a little water, and with 1 drop of this serum are mixed 10 drops of the typhoid culture on a clean slide. A cover-glass is applied and the reaction watched under the microscope, and, if the reaction is positive, clumping ought to take place in about fifteen minutes. If no clumping is observed within a half-hour, I consider the test as negative. Sometimes there will be no clumping in a dilution of 1 to 10 when there will be in a dilution of 1 to 30 or 1 to 40, and even higher. It is always wise, therefore, to try higher dilutions when the 1 to 10 fails to react.

Malaria.

Hunting for the plasmodium malarie is most tedious, and many times it is necessary to examine several films before discovering one of the organisms. I generally use Wright's stain as described above, and look for the plasmodium while making the differential leucocyte count. This saves time. I will not attempt to describe all the various forms in which these organisms appear. In the ordinary case of tertian fever the parasite appears as a blue ring con-

tained within the red corpuscle, and having a small nuclear body stained red. The æstivo-autumnal parasite is geometrically round, and resembles a signet ring to some extent. As the parasite grows dark granules of pigment appear within the blue ring. The best time to take specimens of blood for the plasmodia is four to six hours after the chill.

In the next article the examination of sputum, feces, milk and exudates will be considered.—*Medical Century*.

THE BIGGEST HEART IN THE WORLD.

An exchange says the biggest heart in the world is soon to be subjected to dissection. It is owned by Professor Burt G. Wilder, of the department of physiology of Cornell University, and once thumped inside of Jumbo, the famous elephant that was killed by a locomotive. It is now preserved in a barrel at Cornell. Jumbo's heart is 98 times as large as the average human organ. It now weighs $36\frac{1}{2}$ pounds, after having soaked several years in alcohol. A human heart, which weighs a little more than a pound, soaked in alcohol for the same length of time, weighs 10 ounces. The human heart is less than 6 inches long. Jumbo's is 28 inches long and 24 inches wide. The ordinary heart could be contained in the main artery of Jumbo's heart. The walls of the artery are $\frac{5}{8}$ inch thick, while the walls of the ventricle are 3 inches thick.

IN THE SICKNESS OF PREGNANCY.

Increase the food-consumption to a maximum. Have foods in reach during night. Eat before rising, between meals and at bedtime. Use plain, common foods. Recumbent position, with eyes closed and without pillow, helps very much. Reduce the outlay of power for mental effort to a minimum. Suspend reading and unnecessary talking. The growth and organization of the fetus require more material and more power than three meals per day will supply to the light but busy woman. Diligent and persevering trials of this drugless plan will surely be rewarded with success.—*Medical Brief*.

THE MEDICAL FORUM.

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EDITORIAL.

IMPROPER ADVERTISING.

The medical profession should sustain medical journals that are conducted on ethical principles, and these medical journals should sustain the medical profession and avoid anything and everything that may be injurious to the same. This is a safe and just rule, based on principles of equity.

No medical journal can exist without some income aside from the money paid for subscription. They need the income from legitimate advertisements. They are all right if they are of the right kind. A high standard ought to be insisted on, along this line.

It is utterly impossible to satisfy everybody. No medical journal can escape criticism, even if the utmost care is exercised in the selection of advertisements. The editor of *The Medical World* gives vent to his feeling on this subject in the following words:

"The average doctor doesn't take much interest in what appears in the advertising pages of medical journals—not near as much interest as he ought to take; on the other hand, a few advertising critics are arising in the profession who go into hysterics over nearly every advertisement of a therapeutical nature, without consistency, rule or reason. If any therapeutic advertisement escapes criticism by one critic, it is condemned by others; and so it goes until all advertisements are condemned, even to Reed & Carnrick's Trophonine a liquid food of the highest standing, and not a drug at all. The critics are entirely at sea as to agreement on a standard, each critic having a standard of his own, if prejudice, lack of investigation and absence of rule or reason can establish anything worthy of being called a standard. We know whereof we speak, for in our talks with critics who are deservedly leaders in the profession in some ways, they seem to disregard logic, and consider information or investigation superfluous when they touch this topic. Many of them seem to adopt the Irishman's policy in the Tipperary campaign, 'When you see a head, hit it,' with regard to therapeutical advertisements in medical journals." (*Med. World*, 1906, p. 127.)

But a line must be drawn somewhere. Not all advertisements offered can be accepted. The announcement of quackish formulas, mining, oil and plantation stocks and similar schemes that have but one purpose—namely, to fill the promoters' pockets with the money of the easy-going doctor in a "legal way" should find no place in a reputable medical journal.

There are many proprietary preparations that should not be advertised in a medical journal. Two reasons may be assigned for this: Firstly, those that contain drugs that are dangerous, if used indiscriminately and by inexperienced persons. Acetanilid mixtures belong to this class. Koehler's Headache Powders, Orangeine, Bromo-Seltzer, and last but not least, that acetanilid compound, Antikamnia.

And the other reason is that these advertisers desire to use the medical profession as tools to gain greater credit with the laity. They advertise to the physicians in the medical journals and to the laity in the newspapers. Again we must mention Antikamnia as one of the examples. Scott's Emulsion is another. Antiphlogistine a third, and so the list could be drawn out considerably—but why?

It would seem that medical journals ought to help in the protection of the profession by refusing such advertisements. But they do not. The editor of *The Medical World* (1906, p. 129) gives the names of eighty-two medical journals that carry Antikamnia advertisements—and has he found all there are? Probably not.

Among that list are some of the largest weeklies, some journals of State organizations. The list, however, does not include any of the homeopathic publications. We are glad of that.

Why is there such inconsistency? Because very few of the readers of these journals take the trouble to protest against such conditions. When we begin to demand our rights more persistently, many abuses will cease.

THE REGULATION OF PROSTITUTION.

That sexual intercourse be confined to the married state is a condition that we may term ideal, for in practical life it never has been done, nor may we expect that the future will bring us such a state of social purity.

Illicit intercourse has always been the source of disease, as well as other troubles. No class of disease is more prevalent in all the world than venereal diseases, and none presents consequences more loathsome and terrible to those affected, and even to posterity.

Civilization and education have not materially decreased this social evil. Many contend that it has been increased in proportion to the increase of the so-called "refinement."

In many countries there have been efforts to regulate this evil. If suppression is impossible, then we must decrease the evil tendencies as much as possible. How much good has been accomplished by these efforts nobody can say.

In our country we have no sanitary regulations of these practices. As long as there is no riotous or disorderly public conduct, our authorities do not interfere.

The results of this method of tolerance have been disastrous. Venereal diseases flourish through our land in such a degree that only few, if any, have any conception of their frequency. All classes of society, the rich and the poor, the educated and the ignorant, have alike fallen victims to that pestilence that is abroad in the land. Yes, even virtuous women and innocent children have endured untold suffering because the curse has been brought to them by the husband and father who had gone into the byways and become infected.

What can, what should be done? Regulate these practices. Let every prostitute be subjected to a rigid examination. The fact that venereal diseases are very prevalent in France and other European countries proves that this is no easy matter. In our country it would be more impossible than in those on the European continent, because of our lack of efficient State control.

And then: Is it possible to determine whether a prostitute is free from contagion or not? The syphilitic lesion may be of such a mild character that it could easily escape detection. And then it is a known fact that a woman may inoculate a man with gonorrhea long after all visible signs have disappeared. So that even if men could be found that would be competent and conscientious in their work, and further, if we had the power and convenience to isolate those who are infected, yet even then would the work done be so imperfect as to be almost useless. After all that can be done, the saying is still true: "A safe prostitute does not exist."

It is contended that by such examination at least those who are badly infected would be removed. But against this stands the fact that many men will go to houses of prostitution if they believe that no danger is near, that would otherwise stay away. Government regulation is not a remedy against the spread of venereal diseases.

The duty of the Government is to oppose the establishment of houses of prostitution, but the real solution of this problem cannot be found by legislators. As the origin of the social evil is to be found in the degeneration and corruption of society, so must an

elevation of the moral tone of the people precede the reformation which shall reduce this evil to a minimum. Cleanliness, decency, morality must become more strongly implanted in the hearts and homes before society can become pure. When once the source is dried up, the black river of illicit sexual intercourse will cease to run.

THAT "REGULAR HOMEOPATHIC MEDICAL SOCIETY."

It is with regret that we chronicle the organization of such a society, for two reasons: firstly, there are at present more societies than can be well sustained; and, secondly, because it brings a new element of discord into the ranks of a profession where unity should prevail.

This society has issued a circular letter which shows its object. We have not published the same in its entirety, assuming that it has been brought to our readers in one way or the other; but a few remarks may not be inappropriate.

There is a tendency among homeopathic physicians to spread out, to avail themselves of whatever there is to be had in the line of curative agents. In this they feel that they are using a privilege belonging to them as homeopaths as well as to any other physician.

They do not believe that Homeopathy covers the whole field of medical science. To them it is only a "science of therapeutics." It does what medicine can do and no more. They believe it to be a "science of therapeutics" that has the greatest excellence and has a better scientific basis than any other. They believe that curative medicine acts along the lines of that law, *Similia similibus curanter*. They make this law their guide in the selection of their remedies.

They admire Hahnemann for his genius in applying the law he discovered and the energy he displayed in investigating and proving remedies and gathering therapeutic experience. But many of them realize that even Hahnemann's mind was finite, and therefore he was liable to err. However much he was in advance of his time, there might come a time in which the advance of knowledge might modify some of his statements.

It is every physician's duty to employ all methods within his reach to relieve suffering and cure the sick. They who deny this,

and demand from their professional brethren to follow them, had better stop to ask themselves the question whether or not they are trying to argue in favor of retrogression in the days of progress; and if so, they surely will fail in their efforts. .

In their circular letter there are passages that sound as though they were sorry that the fight between Homeopathy and the rest of the therapeutic fraternity is now not as bitter as it was. We are glad that is so. That such is the case does not come from the fact that the leading homeopaths have become renegades or disloyal to the great law under which they work, but the fact that they themselves are imbued with a spirit of liberal fraternity, have good results to show and are educated and well posted in all that belongs to the science of medicine. We are glad that the day of exclusion is nearing its end. We are also willing to do our part to make it a thing of the past. Therefore we cannot join the Society of Homeopathic Exclusionists. (That would be the proper name.) We know that by claiming for Homeopathy that which it cannot do, because it is beyond its sphere, we are only hampering and retarding the good cause for which we stand.

With all friendship and respect for those who are differing with us on this subject, we will subjoin what Dr. Moffat says in the *Homeopathic Eye and Ear Journal* (1906, p. 110):

"Homeopathy is the science of therapeutics, and it behooves those who would advance it to adopt scientific methods; the cardinal principle of all scientific research is thoroughness, self-criticism, modesty, control experiments, verifications, elimination of doubt, and avoidance of jumping to conclusions. Second only to the prescription in importance, if we would have the medical world adopt Homeopathy, is that each *clinical report must be a demonstration, and not merely an assertion.*"

HAHNEMANN COMMENCEMENT.

The seventeenth annual commencement exercises of Kansas City Hahnemann Medical College were held Monday evening, April 9, in the auditorium of the University Building, Ninth and Locust streets. A large audience, composed of friends of the graduates, faculty and college, was present. Excellent musical numbers were furnished by the Kansas City Male Quartette and Mr. Charles A.

Larson, baritone. Dr. Frank Elliott, dean of the college, presided and later administered the Hippocratic oath to the graduates. Dr. Chas. Ott, president of the board of trustees, awarded the degrees.

The annual address to the graduating class was made by Rev. George H. Combs, of Kansas City. Rev. J. Stewart-Smith delivered the invocation and benediction.

The following received the degree of doctor of medicine: William Walter Adams, James Thomas Davis, John Engleton Ford, David Ernest Hoag, Alvin C. Madden, Patrick Henry O'Connor, and Miss Louise Hortense Telfer.

KANSAS CITY HOMEOPATHIC MEDICAL SOCIETY.

While it was a matter of sincere regret that Dr. H. C. Allen, of Chicago, was unable to be present at the April meeting, yet those who attended were amply repaid by the excellent programme which was given. Dr. Chas. Ott presided. There were fifty-eight present. Dr. Clay E. Coburn, of Kansas City, Kas., read a paper on the subject of "The Closing Stage of Exophthalmic Goitre," which was generally discussed.

Dr. P. F. Peet, who probably knows more about the subject than any other man in Kansas City, discussed "Syphilis." His description of its mode of development and the symptoms to be noted in the three stages was very clear.

The subject was discussed by the physicians present. As to the treatment Dr. Peet quoted the authorities, but didn't say much about what he himself gave.

Interest in the Kansas City Homeopathic Medical Society is growing. The meetings are better attended, and the physicians are beginning to realize that there is benefit and pleasure in participating.

KANSAS STATE HOMEOPATHIC MEDICAL SOCIETY.

Topeka, Kansas, April 2, 1906.

Dear Doctor:

We hope this finds you well and prosperous and not unmindful of the source of your prosperity.

After due allowance for personal merit, we all know that the real basis of our success is the homeopathic law, far though we

may stray from it at times. Not one but can recall the case where Homeopathy won after all the allo and kindred paths had proven that they led only to destruction. And upon these successes our prosperity is based.

Doctor, Homeopathy never had a better chance than right now. Other schools are casting longing looks at our successes. The wall of prejudice is broken down. It is our opportunity to go forward.

We need strong organization.

We need individual members.

We particularly need YOU.

Now, doctor, please plan to put dull care away for a couple of days and come to Topeka for the State meeting, May 10, 11 and 12.

You will have a good time.

You will broaden your professional interests. You will help pay your debt to Homeopathy. There will be a fine programme—good clinics, good social features. Reduced rates on all lines. Four other conventions in the city at the same time.

Come and grow, and help us grow. Fraternally,

H. M. Bentley, M.D., President.

Charles H. Lerrigo, M.D., Secretary.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

Dr. W. A. Forster was called to Topeka early this month to operate.

A fine location for an homeopathic physician is at Cottonwood Falls, Kas.

Now for pure food! The pure food bill passed the United States Senate by 63 to 4.

The Ohio State Homeopathic Medical Society will meet at Columbus, May 8 and 9.

And along with the rest, wonder how many doctors were killed and injured in the great San Francisco catastrophe?

The hopeful medical graduate has gone out to conquer worlds. The 1906 crop was a good one. What will the harvest be?

Dr. W. J. Gates, of Kansas City, Kas., has been spending three weeks in New York city, taking post-graduate lectures in surgery.

Kansas City's pure food ordinance, which was side-tracked on account of politics, will be taken up shortly under the new administration and put through.

A number of Kansas City physicians are on the programme of the Kansas State Homeopathic Medical Society, which meets at Topeka, May 10, 11 and 12.

Dr. J. M. Patterson, of Kansas City, spent two weeks at Hot Springs the latter part of March, where he derived much relief from an attack of rheumatism.

Dr. J. L. Alexander, of Kansas City, who is taking post-graduate lectures in surgery at the New York Post-Graduate College and Hospital, will return May 5.

The International Hahnemannian Association will meet at Atlantic City in September. The American Institute of Homeopathy also meets there during the month.

The Missouri State Board of Health has just finished one of the regular examinations at Kansas City for licenses to practice medicine. Nearly 100 took the examinations.

Dr. John Miller, of Minneapolis, Kas., who is one of the leading physicians of central Kansas, brought a patient to Kansas City this month for special examination and treatment.

Dr. W. D. Norwood, of Shreveport, La., died February 14 at his home as a result of a runaway accident. He was a graduate of Hering Medical College, Chicago, class of 1895.

Dr. Ball, of Melvern, Kas., was one of the out-of-town physicians who took advantage of the post-graduate course given by Kansas City Hahnemann during commencement week.

An Indiana bachelor recently answered a call at his door and was presented with a bunch of eight babies ranging in age from two weeks to one year. A note with them read: "These are your own; care for them."

The Kansas State Homeopathic Medical Society will meet in annual session at Topeka, May 10, 11 and 12. Dr. H. M. Bentley, of Sterling, is president, and Dr. Chas. H. Lerrigo secretary.

The subject "Southern Fevers" is the main topic to be discussed at the annual session of the Southern Homeopathic Medical Association to be held at Louisville, Ky., October 22 and 23.

Dr. J. J. Brady, of Frankfort, Kas., brought an interesting clinical case to Kansas City early this month for the week of post-graduate lectures and clinics held by Kansas City Hahnemann.

This from an exchange: A youngster asked his father to explain the meaning of "consulting physician." The father replied: "He is the doctor who is called in at the last to share the blame."

The Kansas State Board of Medical Registration and Examination will hold a session at Topeka early in May. The number now taking the examinations is smaller on account of the reciprocity of State boards in which Kansas is associated.

Dr. Thos. J. Clark, of Garden City, Kas., was in Kansas City this month, buying new equipment and supplies. He will soon occupy offices in a new modern building now being erected at Garden City, which will be as fine as any in the State. Dr. Clark is established in a fine practice.

Dr. Addison Kendall, Hering '01, who has been in the practice at Cottonwood Falls, Kas., has decided to change his location to that of Great Bend, Kas. The doctor has been very successful at his former location and he now seeks larger worlds to conquer. The Medical Forum wishes to congratulate Dr. Kendall on his success and his future prospects.

At the April meeting of the Kansas City Homeopathic Medical Society the matter of representation at the City Hospital was discussed, and it was decided to express to Dr. St. Elmo Sanders, city physician, the thanks of the homeopaths of Kansas City for the courtesy which has been shown them at the City Hospital clinics, which have been in charge of Drs. Forster, Chas. Elliott and Ott.

Never probe a joint in clear-cut wounds, opening a joint, unless a foreign body is known to be lodged in it.

THE DOCTORS' LIBRARY

"The Natural Laws of Sexual Life, Medico-Sociological Researches," by Dr. Anton Nystrom, Stockholm. Authorized translation from the third Swedish edition by Carl Sandzen, A.M., M.D., Ph.D., professor of physical therapeutics in University of Kansas School of Medicine, author of "Massage, Swedish Movements and Allied Physical Therapeutical Methods." The Burton Company, Medical Publishers, Kansas City, Mo., 1906. In one handsome 8vo volume, 260 pages, bound in cloth. Sent prepaid on receipt of price, \$2.00.

With great interest has the writer read the pages of this volume. They are so filled with facts, presented in such a plain yet scholarly way that the fascination of the modern novel is exceeded. It is true that everything pertaining to this subject is of interest, because the subject is vitally connected with our well-being. He who would be healthy, happy, successful in life and achieve the greatest amount of human usefulness should be sexually perfect. At any rate, a man or woman sexually perverse or deficient will thereby become less a specimen of perfect humanity.

Who can measure the influence of sexuality on practical life? Who can depict the amount of suffering, both physical and mental, that is the direct result of disobedience to the laws of sexual life? What can exceed the pictures of degradation and the terrible realities of disease that follow in the wake of sexual transgressions?

Therefore this is an important subject. And it is one that presents great difficulties. There are several reasons for this. In the first place: sexual life is, has been and will be mysterious. There are so many facts connected with it that are founded on that inner source of life—the mind—that we cannot hope to bring more than theories before the eyes of our minds. And then, there are some very wrong ideas extant regarding a free discussion of these matters in a form that may be reached by the general public. Secrecy has been the motto, and he who talks plainly and forcibly on this question is in danger of being misunderstood and severely criticised.

And yet there is a need of information along this line. Many things should be said publicly. Young men and young women, mature gentlemen and ladies; yes, even those whose gray hairs

have placed them beyond the time when sexual life plays an important part in the human economy—all these are interested in this matter. Let them have light, yes, if it is true light, let the full rays of human experience and knowledge fall upon this field, so that the true necessities of our physical life and the dire results of vitiated sexual life may be known.

The author of this volume has presented many facts. He has given us such an amount of them that shed light on the past and present of this part of the anatomy and functional life of the body that we should carefully study the same. Every pastor needs a copy of this book and Dr. Nystrom has put the physicians under obligation for the excellent array of facts he presents.

Our only wish is that many of the laity could be induced to study the facts here presented carefully.

“A Manual of Materia Medica, Therapeutics and Pharmacology,” with Clinical Index, by A. L. Blackwood, M.D., professor of materia medica and clinical medicine in the Hahnemann Medical College, Chicago. 592 pages; flexible leather, gilt edges, round corners, \$3.50; postage, 6 cents. Philadelphia, Boericke & Tafel, 1906.

The above introduces us to a neat little volume, peculiar in character, but exceedingly valuable.

This is the day of the compendium. Large volumes are today in demand by those who have leisure and an inclination for the study of details. But he who is limited in time and capacity, he who would fill mind and memory with facts, ready for use when demanded, he will prefer the condensed statement of the facts.

And such is a necessity. We need men and women who can act when needed. We must therefore have a storehouse of therapeutical knowledge that can always be kept open and be available.

Such a book the energetic publishers, Boericke & Tafel, have presented to us. It is handy, durable, concise, complete—everything that can be expected or possibly crowded into a volume of its size.

Several features deserve to be mentioned especially. Firstly, the thirty-four pages devoted to pharmacology and toxicology. We have here instructions for prescription-writing. Following this are general rules for treatment in poisoning, and after that the various

drugs are mentioned separately and the antidotal proceedings given.

Then there is attached to the concise description of the remedies the dosage. This shows how much can be given without danger. Besides this, there is given the physiological action, showing what each drug produces when given to healthy persons in strong doses.

All in all, it is a very valuable addition to the literature we have on materia medica and will prove to be a useful pocket companion for the practitioner, well worth the seemingly excessive price asked for the same.

AN HOUR WITH EXCHANGES.

MAMMARY ABSCESS.

After forty years of trial, I never have had a broken breast. My success is due to the use of the following ointment:

- R. Solid ext. belladonna, oz. $\frac{1}{2}$.
Powd. gum camphor, oz. $\frac{1}{2}$.
Ung. resina flava, oz. 4.

M. Sig.—Spread thickly on fleecy side of cotton flannel covered with oiled silk.

If much milk is present, draw only enough to relieve the tension. Respread to keep moist. If the breast be pendulous, support it with gentle pressure. Even though the application be made too late to prevent the suppurative stage, the pain will be relieved and the amount of pus reduced to the minimum. I have yet to see any bad effects from the absorption of too much belladonna.

Rahway, N. J.

E. B. Silvers, M.D.

CHLOROFORM IN LABOR.

When the pains are sharp and dilatation slow, or inclined to be rigid, bring the patient to complete anesthesia as quickly as possible, permit her to sleep as quietly as she can from this point, and the womb readily dilates and softens, and labor moves on freely.—*Medical Brief.*

BIRTH-RATES.

In the United States the excess of births over deaths was 28 per 1,000 in 1830, to-day it is 13; the French rate was 25 in 1874, 22 in 1894, and 21 to-day, or a drop of 4.3 during the period for which returns were available. During the corresponding period, the English rate has fallen 6, the Italian 3.2, in Germany 4.2. In Russia the rate is advancing. It was 47.7 in 1892, and is over 49 to-day. In Australia the rate is falling more alarmingly; in 1861 it was 41.9, and to-day it is but 27.35.

FORGETFULNESS.

According to official reports, there were found in cabs and omnibuses in the city of London in the course of one year: 19,000 umbrellas, 850 sticks, 267 rugs, 742 opera-glasses, 926 articles of jewelry, 180 watches, 3,239 purses, and a great variety of dogs, cats, birds, bank-notes, bundles, etc. Surely many people's minds must be wandering.

OXYURIS VERMICULARIS.

Heller (*Deut. Arch. f. klin. Med.*, H. 1-2) finds that the ingested eggs mature in the stomach and the intestines and arrive at maturity in the cecum, from whence the impregnated females wander down the large intestine to the anus. Infection usually results by transmission of the ovæ by dirty hands, and the author often finds eggs under the finger-nails of patients suffering from worms. The therapy consists in the administration of calomel, followed by santonin and cathartics; this is followed by large soap enemas, which destroy the females. Lastly, in order to prevent reinfection, the surroundings must be looked after.

THE TREATMENT OF CANCER BY CAUSTIC PASTE.

Allen takes exception to a statement by A. Campbell White, to the effect that almost every one, except charlatans, has given up the treatment of cancer by pastes. As Allen and some of his friends have had excellent results with pastes, he considers the statement too sweeping. In order to keep from being misunderstood, he quotes the following precise statements from a previous

article he has written on the subject: "(1) Cutaneous cancer is traceable in almost all cases to preceding local irritation. (2) There may be other causes, but infection is probably a source of the disease. (3) Benign epitheliomatous proliferation may be infectious. (4) Cancer is curable, but if the disease is allowed to progress, the patient may not be. (5) Only the most radical treatment is to be tolerated. (6) Caustic paste, with subsequent caustic dressing, is radical, and is often preferable to the knife. (7) The earlier cancer is treated the less likelihood is there of relapses or metastases. (8) The X-ray bids fair to be as effective as caustics." The author recommends pastes for the treatment of only superficial cancers.—*Medical Record*.

MERCURIC CYANIDE. *

Harrington has conducted laboratory experiments to test the value of mercuric cyanide as a surgical disinfectant. A 1:1000 solution of the pure salt was found incapable of destroying the *staphylococcus pyogenes aureus* in three hours' time. The author has tested the salt on other germs and concludes that it is not a suitable preparation for use as a practical surgical antiseptic.—*Boston Medical and Surgical Journal*.

In regard to the treatment of typhoid fever, Dr. Baehr has this to say: "Arsenicum album is the most prominent remedy in typhus; it will even cure cases that seem utterly hopeless. The cases adapted to arsenicum resemble those indicating rhus, at least at the beginning. The fever is intense, the patients are very restless and show by their behavior that they are in great distress. The least pressure on the ileocecal region and the region of the spleen causes pain. Symptoms of decomposition of the blood set in at our early period, such as nose-bleed, etc. The stools have a foul odor, the exhalations emanating from the patient generally are very fetid. Since arsenicum, more than any other medicine, is adapted to the worst forms of infectious diseases, it seems wrong to delay its administration until the symptoms indicating arsenicum are developed in their most malignant intensity."

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THE MEDICAL FORUM

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ORIGINAL ARTICLES.

ELECTRICAL TREATMENT OF THE PROSTATE GLAND.

BY CHARLES S. ELLIOTT, M.D., KANSAS CITY, MO.

The prostate gland consists of two lateral lobes of equal size, situated at and embracing the neck of the bladder, being separated from the rectum only by loose fascia. The urethra passes between the lobes of the prostate, and at this point is known as the prostatic urethra. The floor of the prostatic urethra is a very complicated and highly sensitive structure, and is closely related to the prostate gland both functionally and pathologically. In fact, it is really part of the prostate, and, with the exception of organic stricture, is subject to pathological lesions more than any other portion of the urethral canal.

In function the prostate gland is entirely sexual. In fact, the gland has been appropriately termed the seat of the sexual brain. It is in this gland that the pleasurable sensation of the orgasm is located, the sensation being synchronous with the expulsion of semen, and it secretes a fluid essential to the life of the spermatozoa.

Of the various diseases from which men suffer, none is of more frequent occurrence than that of the prostate. It has been estimated that from 30 to 50 per cent of the male population suffer from some form or other of prostatic disorder. Yet in the majority of cases the true source of the many reflex manifestations of disease of this organ has not been recognized by the profession at large.

champions of this remedy and then homeopathic provings were made.

Cimicifuga can hardly be classed with the poisons, for it requires, in persons that are not susceptible, very large doses to produce troublesome effects. One of the provers took 1 ounce of the $\emptyset$ in two doses an hour apart, and another took 10 drops of the fluid extract every fourteen hours, and then, after twenty-four hours, 15 drops hourly for twelve hours.

Provings show that this remedy has a decided action on the cerebro-spinal system. It is that of an irritant, producing rheumatoid and erethistic hyperemia of the brain, spinal cord and the entire muscular system. There is also a strongly marked irritation of the brain, chiefly due to hyperemia. This manifests itself mostly at its base. Therefore there is: severe headache, chiefly in occiput, vertigo, delirium, dimness of vision, marked vertigo, and intense and persistent pain in the eyeballs.

Elaborating this, we find, among others, the following general indications:

1. Hysterical hyperesthesia of a rheumatic, rheumatoid or neuralgic character.
2. In delicate females, more or less afflicted with ovario-uterine diseases, nervous or muscular irritation or neuralgic or rheumatoid dysmenorrhea, characterized by great despondency, insomnia and sensitiveness.
3. During time of menses we may also find them complaining of severe pains in back, hips or down the thighs, labor-like pains or hysterical spasms.
4. Suppression of menses or lochia, neuralgic and excessive inter-menstrual pains or after-pains, with severe cramps and despondency, are found under this remedy.
5. In rheumatic, sensitive women a tendency to abortion or sterility is present.
6. It is one of the frequently indicated remedies in disorders of the female organs.

Several provers were cured of chronic leucorrhœa. Prolapsus uteri has often been relieved by it. Amenorrhœa, dysmenorrhœa, metrorrhagia, burning mammary pains, hypochondriacs and puerperal mania are all conditions that are frequently reached by macrotys.

7. As insomnia is often the result of nervous excitement, due to uterine disorders, we should always consider this remedy in those complaints.

8. Headache is a prominent symptom, but its varieties are all referable to a rheumatoid condition or to uterine disturbance. There is no part of the head that can be designated as the seat of the pain. We have a severe aching and pressure in the eyeballs, but we also have a decided occipital headache, pains even extending to shoulders and down the spine.

There may be a feeling as though the skull was too small for the brain, the top of the head feels as though it would fly off. There is pressure upward and outward. And then there may be the feeling of remarkable heat in the back of the head, with convulsions. Often it is very useful in the headache of students or drunkards.

There is a confused feeling in the head. The patient may say: "I do not know what is the matter with my head; I don't feel like myself."

These pains are aggravated by movement, relieved by open air. Patient feels faint, sinking at the pit of the stomach.

9. In chorea and hysterical spasms, *cimicifuga* is an important remedy. Tumultuous, irregular motion of the heart, unexpected and strange feelings in precordium; emotions aggravate, sleep improves.

10. Intercostal rheumatism, pleurodynia, crick of the neck, rheumatism and soreness of belly, of muscles. Excessive soreness of all the muscles are among the characteristics.

11. During parturition it is a very useful remedy. It will tend to relax rigid muscles. When pains are deficient, it will "stir up things." Given before the term it will tend to make matters more natural.

And when abortion threatens, let patient remain quiet and then give minute doses of *actea racemosa*, and often things quiet down wonderfully.

Black bandages are neater than white ones for the scalp, where they are less conspicuous, and for the hands, where they do not show soiling.

THE NOSODES.

BY W. A. YINGLING, M.D., EMPORIA, KANSAS.

The opposition to the nosodes rests upon—I will not say ignorance, but prejudice and misinformation. It is very curious that the very persons who object to their use are the ones who claim there is no virtue in potencies beyond the twelfth. As there is certainly no material substance in the thirtieth, as low as any nosode should be used, the objection to them on account of filthiness is far-fetched and groundless. That there is an immaterial something in the thirtieth potency of the various nosodes, as well as all remedies, is a matter of experience based upon repeated trials resulting in wonderful success. But why it should be so much filthier to use an immaterial though substantial entity *per orum* than the crude pus material of vaccination or the diseased serum of the stable horse under or through the skin is beyond the ken of the wisest professional of modernity. Suffice it to say there is no filth in the properly potentized remedies known as the nosodes; the material constituting the filth has all been eliminated, while the immaterial life principle of the product has been developed and retained.

The objectors also seem to think of only some half-dozen remedies as being filthy nosodes, whereas there are used by the homeopathic fraternity more than eighteen animal nosodes and four from the vegetable world: *ergotinum*, *nectrianinum*, *secale cornutum*, *ustilago maidis*. Besides these, there are twenty-five sarcodes, remedies from healthy animal tissues and secretions, such as *adrenalin*, *tela aranea*, *calcareo ostrearum* (or *carb.*), *carbo animalis*, *castor equi*, *colostrum*, *hippomanes*, *lacs caninum*, *felinum* and *vaccinum*, etc., etc. Also a full dozen of sarcod-derivatives, such as *cholesterinum*, *lac vaccinum defloratum*, *lactic acid*, *paperatinum*, *sepsin*, *saccharum lactis*, *urea*, etc. I have all these products in my office case and have used them with excellent results, when indicated. Nearly all of them have been proved more or less and are to be prescribed in the same manner as other remedies. No remedy, no matter how well known or proved, can take the place of the truly indicated remedy, whether nosode, sarcode, plant or mineral.

The use of nosodes is not a modern innovation, for some of them have been in use some sixty or seventy years, and at least one, psorinum, was used and recommended by Hahnemann himself. I have had in my case all the nosodes and have given them special attention for twenty years. Hering introduced lyssin or hydrophobinum in 1833, long years before Pasteur thought of the same thing. We as a school of medicine lead; the assumed regulars follow and steal our thunder by crying the word "science," a word that means but little, as used in medicine. Vaccinum, variolinum and morbillinum have been in use for at least sixty or seventy years by homeopathic physicians. We are largely indebted to Dr. Samuel Swan, of New York, for much of our knowledge of the newer nosodes, such as medorrhinum, luesinum (syphilinum), pyrogen and tuberculinum, though Burnett should have the credit of popularizing the last under the name of "bacillinum," years before Koch made his experiment with the same.

In such a thesis it would be impossible as well as improper to go into a detailed discussion of the pathogenesis of the various nosodes. We can only refer to them in a general way and not discuss at all the sarcodes and sarcode derivatives, though so closely related. You can find the pathogenesis of all these remedies in Clark's "Dictionary of the Materia Medica," a most excellent set of books and one that all progressive physicians should own and use.

In the tubercular group we find bacillinum, tuberculinum Kochii, tuberculinum bovinum, tuberculinum testes, and tuberculinum aviaire. Bacillinum is prepared from the sputum of the true consumptive and includes the preparations of Swan, Fincke and Burnett. It is a preparation largely used to-day on account of the popular writings of Burnett. Swan was the originator and first user, though he called it tuberculinum, and reported a case in 1874 cured by his product. I think he began its use as early as 1868. Tuberculinum Kochii is a pure culture of the human tubercle bacilli in liquid attenuations. As you all doubtless know, the product was used by the assumed scientific school of medicine in a very crude way, and sometimes with very marked and deleterious results. Not knowing how to use it, to-day it is relegated to the dust-covered upper shelf of the

Laboratory, where so many really excellent remedial agents are peacefully resting till some homœopath resurrects them for the benefit of humanity. These baneful results and symptoms of the crude Koch lymph, together with provings, are the basis of the pathogenesis for homœopathic use. Koch and his followers really proved a most excellent remedy for us without having the scientific knowledge to know it. *Tuberculinum bovinum* is a preparation made by Dr. Kent from the diseased tubercular lung of a Jersey heifer and is an admirable remedy. *Tuberculinum testes* is, as its name implies, the product of the tuberculosis of the human testes. *Tuberculinum aviaire* is a preparation of chicken tuberculosis introduced by Dr. Cartier and other homœopaths of Paris, France.

A brief statement of a case of each of these tubercular products, without going into detail, will suffice to indicate their use and possibly show a differentiation in their application. A young lady school-teacher was taken suddenly from exposure with pleuro-pneumonia, right side, and after enduring most excruciating pain for two days by remaining in her school-room, rode eight miles in a storm after 6 p. m., to get to her home. I found her with sharp, sudden pains, greatly aggravated by breathing or motion, lying flat on her back, shallow breathing, rapid pulse, high fever, very painful and frequent cough, which she tried to suppress, anxious countenance, etc., etc. I gave her bacillinum, 3 m., with injunction to endure the pain for a few hours, and explained to her that morphine and other anodynes would retard her cure and was the cause, in my opinion, of so many fatal cases. The next visit found her, as she said, "quite comfortable"; cough easier and with but little pain; able to turn on the side. On the fourth day she was sitting in the chair and was discharged in one day less than a week. I saw her first on Thursday night and she was in her school-room one week from the following Monday.

A boy, as reported by letter, aged 5, two years before was taken suddenly ill with high fever and pain in right leg, which grew intense by spells, would scream for ten minutes at a time, which continued for two months, when a soft spot came on his leg just below the knee, which foolish doctors lanced. He was then in the hospital for eighteen weeks, and surgeons performed

two operations and "found a hole clear through the bone." Other places opened on his leg, thigh and rib on the right side. These were all healed up, then the right hip began to swell and the same trouble resulted. From the discharge and other symptoms, silica and then angustura were given, with but little result. Then tuberculinum bovinum, 6 m., was given with the result of a seeming aggravation at first, but with a continued change for the better ever since, with marked improvement in general health and condition. While still under supervision, the boy seems about well, plays and romps about all day without complaint, and with all places healed. I have relieved with this remedy several cases of hip-joint disease.

A man about 48 years old had an attack of recurrent pneumonia of the left side. He had had some five or six previous attacks. He would be in bed with great suffering from four to six weeks, and then a long convalescence. Tuberculinum Kochii, 3 m., made him convalescent within a week and back to his workshop in ten days. On the third day he said: "My lung is just as painful as in any previous attack, but I feel so different; if it wasn't for this lung, I would be perfectly well. I'm not so sick as in other spells, and the fever left me so soon."

A gentleman had a sarcomatous tumor of the left testicle. The first, somewhat hard growth was on the right side of the left testicle itself, fitting on the testicle like the hull of a half-shelled nut. The symptoms were very few, no generals at all. I gave him, after the best study possible, pal-satilla, al-bes, sulphur, condurango and mercury bin., without results. He had reported an enlargement of the testicle itself, but when he came to the office, I found I had been prescribing wrongly; and upon the location and a tubercular family history, I gave him tuberculinum testes, 900 (Y), with a report following that the growth was decreasing and he was feeling in good health. The case is not yet cured, but encouraging reports continue.

Tuberculinum aviaire, the tubercular product of the fowl is especially suited for the results of badly treated cases of influenza or la grippe, influenzal bronchitis, which simulates tuberculosis; also bronchitis following measles. I have used it with success as above.

A careful study of these tubercular nosodes will repay the labors of any physician, especially the differentiated pathogenesis, the shades of difference between them.

Luesinum, commonly called syphilinum, is a nosode of deep action and wide range, with or without the syphilitic taint. It is a mistake to restrict the action of the nosodes to personal or hereditary taint of the virus from which the nosode is derived. We are indebted to Dr. Samuel Swan for luesinum and its provings. He introduced it somewhere about 1870, or earlier. A large number of severe chronic cases have been reported cured by this nosode by our most prominent men in the various journals. Clark's "Dictionary" gives the best exposition of its pathogenesis. Two cases from my own practice will suffice for the present purposes. I was called to see a baby some three or four months old, covered here and there over the body and extremities with irregular copper-colored spots. It was a sight. I could not ask the mother pointed questions, and the father was absent from home. Otherwise the babe seemed well. I gave it luesinum, 45 m., and in ten days' time or less it had a skin as clear and clean as any child could wish. I had several cases of the same kind relieved by the same remedy. A minister with a clean record came to me with a very excruciating pain above the inner angle of the right eye, very distressing, with a frequent thrust as from an iron rod from the same spot through to the lower part of the occiput. This thrust was unbearable and made him scinge. Luesinum, c. m., gave him much relief within a few minutes, and complete relief within a few hours. I saw the gentleman lately, and he stated he has never had a return, though near fifteen years have elapsed.

Medorrhinum is another one of the Swan remedies, and one of the most important nosodes, deep acting and of priceless value. I have used it frequently with most brilliant results. One case of a little girl fourteen years of age, with a leucorrhœal discharge of a thick, yellow nature running down to the skirts of her garments and besmearing her person profusely, was quickly cured with medorrhinum.

Pyrogen was introduced by Swan and is the pus from a very violent abscess. Clark, in his "Dictionary," made a very egregious error in confusing Drysdale's sepsin with Swan's pyrogen.

Sepsin is the product of the decomposition of chopped lean beef in water, allowed to stand in water for some weeks. Its action is very similar to pyrogen, but not identical. Febrile and typhoid states are especially amenable to its action. Pyrogen is deeper and wider in its action. Nearly the whole article in Clark's "Dictionary" is directly referable to the true pyrogen. In America Swan's pyrogen is almost exclusively used. It is a grand remedy and will largely repay your careful study and investigation. A few years ago, when the grippe had as a prominent feature very great restlessness and tossing about with pains in the limbs, pyrogen cured every case within twenty-four hours.

Time and space prevent any reference to anthracinum, diphtherinum, hippozoeninum, lyssin or hydrophobinum, melitagrinum, pestinum, psorinum, vaccinum and variolinum. They all have their sphere of action and, when indicated, will do wonderful work. You will find them all in Clark's "Dictionary."

We close by a brief reference to malandrinum. It was the crude material which started Jenner on the way to fame and opulency. Some old women of the neighborhood had the acute observation to notice that the stable-boys and milk-maids who were inoculated with the malanders or grease of the horse were exempt from variola. Jenner stole their knowledge, announced it to the profession and reaped a rich reward and undeserved fame therefrom. As a homeopathic remedy it has done great good, and as it has been proven by Straub, and more fully proven some five or six years ago by Chicago physicians and students, it may be prescribed as any other remedy with assurances of success if indicated. This proving may be found in the "Transactions of the International Homeopathic Association for 1902," page 161. I have cured two fistulas with it, and two cases now under treatment are gradually improving. I have relieved promptly many cases of septic poisoning resulting from vaccination with it, the arm swelling from the shoulder to the finger-tips with the most acute suffering, some cases with rigors and high fever. In many instances it will prevent vaccination taking, and prevent its bad results. As a prophylaxis of variola it is equal to variolinum or vaccinum and far better and safer than anything in the hands of the assumed scientific school of medicine.

Gentlemen of the society, and ladies, it is a good rule never to allow the prejudice of tradition to rule and govern our actions and thoughts, but to "prove all things and hold fast that which is good." Above all other men, a true physician must be free from prejudice and bias if he desires success in life and the ability to relieve the sufferings of humanity.

INGUINAL HERNIA.*

BY W. J. GATES, M.D., KANSAS CITY

Professor of Obstetrics, Hahnemann Medical College.

Congenital or acquired, direct or oblique, internal or external, reducible or irreducible, complete or incomplete, strangulated, may be unilateral or bilateral, occurring in the male or the female in the proportion of about five to one.

Diagnosis.—Upon inspection a tumor presents in the inguinal region, usually reducible upon the patient lying down and giving an impulse upon coughing. If strangulated, the impulse may be lost because of closure of the internal abdominal ring, there being, however, vomiting with pain, tenderness, rapid pulse, usually rise of temperature and symptoms of acute intestinal obstruction.

Inguinal hernia may be confused with lipoma of the inguinal canal and must be differentiated from femoral hernia and hydrocele of the cord. In the first condition we have the absence of the typical symptoms of hernia, together with the characteristic feeling of a fatty tumor. The irreducible variety usually contains omentum. This condition presents a characteristic stringy feeling, which readily differentiates it from a fatty tumor. The femoral hernia may be depressed and outlined below Poupart's ligament. The inguinal hernia lies above Poupart's ligament and internal to the spine of the pubis.

In hydrocele of the cord, the light test lack of impulse on coughing serves to differentiate. Hernia may be present with hydrocele. The treatment of hernia consists:

First, in temporary measures looking to the prevention of the descent of the hernia, such as the application of a truss.

*Read before the Kansas City Homeopathic Medical Society, May 19 06

Second, in some method of injection with the purpose of bringing about adhesions to close the internal ring.

Third, in the radical cure of the same by some method of operation.

The use of a truss will usually be sufficient to cure a congenital hernia if applied early in infantile life and worn up to the fourth year. For the adult a truss is inconvenient, more or less irritating and can only be successfully worn where there is freedom from adhesions and the hernia is entirely reducible. At best it does not promote a cure, is an uncomfortable makeshift, and only to be considered as such. The injection method is unsatisfactory, unreliable and not to be recommended. Operative treatment for the radical cure of hernia has arrived at a state of perfection and freedom from danger which renders it entirely safe and satisfactory. De Garmo, of New York, in a series of 1,300 cases operated on by the Bassini method, reports only ten recurrences. Coley states that in 305 cases operated upon by the same method, in the female only one case had recurred after three years.

In strangulated hernia an operation is imperative and should be performed immediately. It will be successful if the circulation in the gut is still intact.

In liberating a strangulated hernia, the internal abdominal ring should be freely incised, the incision being directly upward in order to avoid the deep epigastric, which runs parallel with and internal to the inguinal canal on direct external oblique internal.

The two principal methods of operation for hernia are the Bassini and Halstead methods. Of these two, to my mind, the first is far more satisfactory and the technic considerably less cumbersome. After having seen Halstead perform his operation, I am persuaded that for the ordinary operator it is too slow and the technic too elaborate to prove generally satisfactory.

The Bassini operation is performed as follows: The patient having been properly prepared, the external abdominal ring is located by rolling the cord under the fingers and then outlining the upper limit of the ring. An incision is made through the skin and fascia beginning at this point, extending upward and outward about 1 inch from and parallel with Poupart's liga-

ment for a distance of about $2\frac{1}{2}$ to 3 inches. The first landmark reached is the aponeurosis of the external oblique, which is readily identified by the direction of its fibers. The external ring having been outlined, a grooved director is introduced within the ring and carried upward beneath the external oblique muscle. This structure is incised in the line of cleavage of its fibers and dissected back from the internal oblique muscle as far as the sheath of the rectus and the shelving portion of Poupart's ligament. Running along the internal border of the canal on the edge of the internal oblique muscle will be seen the ilio inguinal nerve, which should be identified and thrust out of the line of operation. The mass of soft structures composing the cord and sack will now lie immediately within the center of the field of operation, and should be picked up and the cremaster muscle infundibuliform fascia stripped off by blunt dissection, when the sack will be found internal and anterior to the cord. This sack is separated from the cord throughout its entire length well above its neck. It should be carefully opened and its interior inspected in every case. If free from contents, it is tied by a ligature well down around its neck and the redundant portion excised. If it is found to contain omentum, the omentum should be ligated and removed, after which the stump is allowed to recede within the abdominal cavity. A strip of sterile gauze is carried beneath the cord and sufficient traction made so that proximal end of the cord passes from out the abdominal cavity at right angles to the plane of the internal oblique. The closure of the canal is best made with some absorbable material, preferably kangaroo tendon. A number of different stitches have been devised for this purpose; the following method usually proves quite satisfactory: Beginning the first stitch through the external oblique well out toward the line of the rectus, the suture is carried through the external oblique and transversalis, then beneath the cord and through the shelving portion of Poupart's ligament on a level with the point from which the cord leaves the abdominal cavity. The stitch is then tied and the canal closed by a series of continued sutures, which are made interlocking, usually six or eight being sufficient. The cord is now allowed to drop down upon its new bed, which consists of the conjoined tendon and internal oblique. The external oblique is

then sutured either with chromatized gut or kangaroo tendon, leaving sufficient room for the new external ring. The skin may be closed by buried catgut or through-and-through silk-worm-gut sutures. A large dressing of sterile gauze should be applied and held in place by a firm spica bandage. The patient usually remains in bed ten days, and may then be allowed to go about carefully for a period of two weeks, after which time he may undertake ordinary employment. The operation in the female differs only in that the cord is not disturbed from its old bed.

ARNICA.

BY DR. EVA HARDING, TOPEKA, KANSAS.

Arnica belongs to the same order as do chamomilla, cina, eupatorium and calendula, the Compositæ. Arnica is complementary to aconite and is to a bruise what aconite is to a chill.

The chief use of arnica is in the treatment of acute and chronic bad effects resulting from mechanical injuries, bruises, contusions, and in typhoid conditions. Arnica is used both locally and internally, and will often, if applied locally, arrest a boil. One of its chief uses is to prevent suppuration, and to this characteristic is due its use by surgeons and obstetricians to prevent pyemia. It is always indicated after confinement. According to Farrington, it promotes proper contraction of the uterus and expulsion of coagula and of any portions of the membrane that may have been retained.

Arnica is the remedy to be given, no matter what the disease or the systematology, if the trouble can be traced to a traumatic origin, as compression of the brain when resulting from effusion of blood into the cranial cavity. Even concussion of the brain and spine comes into the range of arnica; in falls or contusions without lacerations, but well-marked ecchymosis. It is sufficient to say that arnica is useful in any disease of any organ or tissue when the disease results directly from traumatic causes.

Arnica has a specific action on the skin, producing a vesicular eruption, or red and inflamed pustules resembling small

boils. Many small boils, one after another, extremely sore, is characteristic. In skin diseases and all febrile conditions, the great characteristic indication for arnica is extreme soreness, the bed or couch on which he lies seems too hard.

In typhoid fever or typhoid conditions you will find arnica frequently indicated. The characteristic calling for this drug being an indifferent, stupid state, says there is nothing the matter with him, forgetful, falls asleep when answering a question: the bed seems too hard, head hotter than the body, suggillations, involuntary stools, intestinal hemorrhage, putrid stools, and putrid smell from mouth.

In whooping-cough the child cries before paroxysms, as though in fear of the soreness it will cause; cough causes blood-shot eyes, retinal hemorrhage.

In myalgia of any muscle of the body, if of traumatic origin or caused by over-exhaustion accompanied by the intense sore, bruised feeling, arnica is the remedy. Paralytic pains in all the joints during motion.

In cholera infantum the stools have a foul odor, fruitless urging, and long intervals between the stools, from four to six hours. Characteristics are the sore, bruised feeling; bed or couch on which he lies feels too hard.

Useful in all conditions, acute or chronic, if of traumatic origin; prevents suppuration; heat in repeated attacks; head hot and body cool. In typhoid conditions there are foul eruptions and offensive flatus, smelling like rotten eggs. Tenesmus from spasm of neck of bladder, with frequent attempts to urinate; soreness of parts after labor; prevents hemorrhage, sore nipples, whooping-cough, articulation and cartilaginous connections of chest; feel as if beaten when moving, breathing or coughing. General sinking of strength; must lie down, but feels bed too hard; many small boils, painful, one after another. Myalgia after over-exertion.

Never make a palmar incision except in the middle of the lower third and in the axial line of the fingers or at the sides of the palm.

CORRESPONDENCE.

Boston, Mass., July 11, 1906.

To the Editor:

It will be considered a favor if you will kindly insert the following letter in the August number of your journal:

It is the wish of the committee on the International Homeopathic Congress that there be held an educational exhibit which shall demonstrate something of the work that Homeopathy is doing along various lines in different parts of the world. With this object in view, the co-operation of all homeopathic institutions, societies and individuals is invited. There will be provided at Atlantic City a large hall in which this exhibit will be held. It will consist of specimens, photographs, charts, drawings, plans of new buildings, illustrations of unusual cases, and demonstrations of work performed. Already more than twenty institutions have signified their intention of participating. The exhibit will be an enlargement of those given in former years by the individual colleges located in Boston, Philadelphia, Cleveland and Chicago. It is hoped that all to whose attention this notice may come will endeavor to do what they can to demonstrate the present status of Homeopathy and its accomplishments in the allied branches of medicine.

Further information can be obtained by writing to the secretary of the committee, Dr. J. P. Sutherland, 302 Beacon Street, Boston; or to Dr. W. H. Watters, 80 East Concord Street, Boston, Mass.

SELECTIONS.

ADULTERATED FOODS.

Dr. S. J. Crumbine, secretary of the Kansas State Board of Health, recently conducted some interesting experiments with adulterated food. The board has passed some very stringent rules against the sale of adulterated foods.

U. of M.

In speaking of his experiments with three dogs, Dr. Crumbine says that he had constructed in his barn pens for three dogs, one of which was fed meat and milk "embalmed" with benzoate of soda, one which ate food preserved with boric acid, and a third allowed its food in its normal condition. The third dog was the "control." Dr. Crumbine says:

"These dogs were all about the same age—namely, about five months old, perfectly healthy so far as I was able to determine, were nourished, and lively and playful as dogs of that age in the growing period naturally would be.

"No. 1, which I called Ben, an abbreviation of benzoate, might be described as a common cur dog between five and six months old, yellow and white spotted, male, healthy, in good flesh; weight on May 3, the day upon which the experiments began, 53½ pounds.

"Borax, so called from the preservative used, was a part shepherd, age about five months, female, black and white spotted, not so well nourished as the other two dogs, nor so large in bone; weight on May 3, 23½ pounds; was healthy, lively and playful.

"Shep, the control, was a dog borrowed from a neighbor, that had been particularly well kept and was in excellent flesh, supposed to be almost a full-blooded shepherd, white and yellow spotted, age about five months, female, healthy and lively, well nourished; weight, 35½ pounds.

"All three of the dogs were fed one-half pound of fresh lean meat, accurately weighed, each morning, at noon one pint of fresh milk, and at night another half-pound of fresh lean meat. The meat was not tainted meat or scraps, but fresh meat, such as we would use on the table ourselves, and devoid of any bone, so that each dog got the exact amount of lean meat, and the milk being measured, each dog got the exact amount of milk. In addition to this during the latter weeks of the experiment, one pound of corn bread was added to the menu at the noon hour.

"During the day the dogs had the liberty of one pen, and at night were turned into a larger pen, which occupied the entire rear end of our lots, so that it cannot be urged that they were held in special confinement. Abundance of fresh water was kept in the pen at all times, and no other food was p.r.

mitted to be given them. Frequent exercise was permitted by turning them out in the lot for race and play. After the first day there was no chafing at being confined in the pen. They seemed to be satisfied, and it cannot be urged that the fact of confinement was a factor in any symptoms that might arise. Moreover, the control dog was subject to the same restrictions as those which were fed the preservatives.

"The first day No. 1's meat was benzoated in the proportion of one half of 1 per cent. On May 4, thinking that this might not be the minimum which those who advocate the use of benzoate use as a preservative, I reduced the amount to one-fourth of 1 per cent. The milk, on the other hand, was benzoated to the amount of one-tenth of 1 per cent. I might add that at no time during the experiments was any test made as to the maximum amount that the dogs would be able to stand, but the amounts as indicated were uniformly used each day of the experiment, except as hereinafter stated.

"Ben Becomes Cross.

"During the first week there was nothing noticeable in the conduct or appearance of either of the dogs. They continued to be lively and playful, ready for their meals and apparently enjoying themselves to the fullest extent of their happy dog life. On May 11 it was first noticed that Ben, the dog getting the benzoate of soda, seemed to become cross with the other dogs, growling and fighting at feeding-time. On May 15 this condition seemed to become worse, with a less inclination to play, frequently biting one of the other dogs when they came about him offering to play, and particularly when feeding-time came. Frequently he would sit in one corner of the pen and set up two or three unearthly howls, which to my mind might be interpreted that he was not feeling well. His appetite, however, seemed to continue good; at least, he had the ordinary eagerness to take food that most dogs display at all times. On May 22 he weighed 56½ pounds. On June 1 the benzoate was increased to one-half of 1 per cent, or, expressed in grains, he began to take 38.4 grains of benzoate of soda daily. His cross and crabbed condition continued throughout the experiment with a growing less inclination to play, and the frequent howling. On June 11

his weight was 56 pounds, having lost one-fourth pound since May 22.

"It is regretted that at this time the experiments had to be discontinued, owing to personal reasons over which I had no control. It had been hoped that the experiments might be continued up until the day of this meeting, as the first six weeks of continued use of preservatives seemed to have just begun to have their serious effect, and the first decrease in weight noticed, notwithstanding that the food had been increased by the addition of one pound of corn bread daily.

"Dog No. 2, Borax, was fed in the same way and manner and at the same time as dog No. 1, the fresh meat being borated at the rate of one-half of 1 per cent on the first day, or $19\frac{1}{2}$ grains of boric acid. On May 4 the amount was increased to 1 per cent, divided in two doses—namely, the morning and evening dose. The milk was borated at the rate of 1-10th of 1 per cent. As in the first case, there was nothing noticeably different within the first week. On May 10 the first change was noticed, that at the noon hour the dog did not seem to want to take all the milk; otherwise the condition seemed good, the temperature seemed not to be changed, and the tendency to play continued. It was noticeable, however, that there was a growing aversion to the borated milk. On May 22 the dog weighed 28 pounds, a gain of $4\frac{1}{2}$ pounds. At this time the borax was substituted for boric acid, and continued until June 1, when the boric acid was again used. This change was made for the reason that it was feared the borax made the milk taste and the refusal was on that account, but the change to boric acid apparently made no difference, and as that is a tasteless product, the refusal of the milk cannot be said to be due to the fact that it had an unusual or disagreeable taste.

"Borax Wouldn't Eat.

"On June 5 the growing aversion to milk and corn bread finally climaxed in an utter refusal to eat at the noon hour, and it was only by coaxing that the fresh meat was eaten. She would take a bite or two of the meat and then drop it and go to another portion of the pen and lie down, so it was only by constant coaxing that the dog continued to eat the meat, but utterly refused to drink the milk and eat the corn bread. At

this time there was a less inclination to play, and apparently a growing thirst developed, the dog drinking large quantities of water. On June 5 it weighed 29 pounds, having gained 1 pound since the last weighing.

"In the case of the control dog there was nothing noticeable in the conduct whatsoever. She was healthy and lively from start to finish, the most eager after her food of any of the three, continued playful and cheerful, and continued to increase in weight notwithstanding she was much the fleshiest of the three when the experiments began. On May 22 she weighed 38½ pounds, and 39 pounds on June 11. It cannot be urged that the confinement of the dogs had anything to do with the action of the two, as it might be reasonably expected that the same conditions would obtain in the third."

Dr. Crumbine says in concluding his paper:

"In conclusion, I desire to say that I believe the use of coal tar dyes in food and drink products should be prohibited, and the use of preservatives be limited to perishable goods and in minimum quantities, and where such preservatives are used, that the label or tag distinctly set forth the name and amount of preservative used; that the manufacturers be required to accurately label all products, stating the name of the product or compound, its actual net weight, and the place and name of the manufacturer."

NEW METHOD OF DIAGNOSIS OF FRACTURES.

Plesch (*Deutsche Zeit. f. Chirg.*, Bd. 69) finds that in cases where crepitation, dislocation, and abnormal movement are absent the use of auscultation may be advantageously pressed into the service of the diagnostician. If a partially fractured bone is percussed, the sound waves are changed at the seat of injury and a metallic note is detected there. If the bone is broken and in apposition, a crepitation is heard; if it is not in apposition, no sound is discerned. As the tone is not interrupted by the joints, he recommends in suspected patellar, condyle and trochanteric fractures percussion and auscultation on the pelvis.

—*The Medical Age.*

RULES FOR DYSPEPTICS.

1. Never be in a hurry while eating. Take your time; masticate thoroughly.
 2. Eat at regular hours. Do not overload your stomach. Avoid such foods that require long time for digestion.
 3. Fluids should be taken one or, still better, two hours before eating, or two hours after digestion has begun.
 4. Avoid care and worry. Lay aside professional troubles and give your mind as well as your body rest, while digestion is in progress.
 5. If very tired, rest before and after the meal.
 6. Keep your bowels in good condition. Use laxative foods, with force, regular habits, rather than medicines.
 7. Keep your body healthy by exercise. Exercise in open air, followed by a bath, is valuable.
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ALCOHOL DRESSINGS.

Pfuhl (*Zeit. f. Hygiene*, Bd. 47) finds that the alcohol bandage is the most efficient, simplest and cheapest dressing in inflammatory and purulent diseases of the superficial and deep fascias. It is almost a specific in venereal bubo, also in inflammation of the joints; even the organs of the great body cavities are accessible to it. Alcohol in concentration of 40 to 50 per cent possesses the strongest bactericidal power, the vapors from it being capable of great penetration into the tissues. Pathogenic bacteria in superficial tissues are destroyed by alcohol bandages at 37° C., though spores are unaffected. In the living animal alcohol vapors are absorbed by the skin and eliminated by the internal organs.—*The Medical Age*.

An abscess resting upon an artery may move with the pulse so as to simulate an aneurism. But the movements are in one direction only, and if a finger is placed on each side of the tumor, they will be lifted up, but not separated; whereas in aneurism the fingers are separated at each impulse. An aseptic needle of small caliber will do no harm to an aneurism, and it is therefore better to use it if there is any doubt.

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KANSAS CITY, MO., AUGUST, 1906.



A STEP IN THE RIGHT DIRECTION.

As we write this the pure food bill is about to become a law. We hope it will. We need it. We might only wish that the same were still more comprehensive than what we had before.

There has been quite an opposition against this bill. Some lines of business, which depended on fraud and adulteration, were sure to fight it. But its friends were firm. Congress has done a noble work when the act becomes a law.

One of the best provisions of the same is that which compels vendors of liquors and patent medicines to make certain statements disclosing the fact that "additions" have been made, and in the case of patent medicines it must state the amount of alcohol, morphine, cocaine, eucaine, etc. This is a step in the right direction. We hope that this bill will become a law,

and that this will find a rigid enforcement. And perhaps at some time, not too far distant, there will be a substitute, which will do away with many of the abuses of the present day.

IS THE BABY PAID FOR?

No calling or profession in the world calls for such absolute unselfishness, such utter disregard of self, as does the medical profession.

No matter how overworked or tired, half sick or hungry, the physician responds to call day or night.

Life and health are of more importance than a house, yet if you build a house, the contractor is sure of the last cent of his money, and this is just; but what security has a physician? Practically none. It rests entirely with the patient's honor.

No class deliberately give as much as the physicians; and dead-beat work trebles that voluntarily given.

Think of the babies "brought to town" that are never paid for. Father love? Oh, don't mention it! The man who brings his children into the world at another's expense isn't overstocked with it.

If in the next issue of this magazine there were to be printed a list of the babies not paid for, would your name or the name of your children be in it?

A man once said: "I never felt so small as when I was 41 years old. I learned that the physician who officiated at my birth had never been paid for his services. The physician is dead and I know nothing of his heirs, or I should pay the bill myself, and I still burn with shame when I think of it."

If the doctor is competent, pay him; if he isn't, don't employ him.

WHY SHOULD WE RAKE MUD?

Raking in the mud is a pleasant pastime to persons who love mud. Thinking and talking about the frailties of our neighbors or professional brethren is a matter of delight to many. If, however, the characters of those who always rake in social and moral mud were tested, they would be found to be either abnormal in mental composition or tainted in character. He who is himself pure will not spend his time in hunting for mud.

And yet we always have the Pharisee with us, and his prayer has the same characteristic as that of his ancestor. And he is to-day as despicable as he was centuries ago.

Why should we rake mud? There is no gain in it. He who tries to elevate himself by trying to degrade others usually fails. He who so glibly talks about the mote in his brother's eye forgets the beam that is in his own. But his neighbors see that beam. And the more he frets and fumes and struts about trying to point out that mote, the more will his contemporaries see that beam and despise him. It is degrading to rake in the mud. It does not pay to do so.

There are always differences of opinion. A man is not a fool nor a rascal because his opinion is different from ours. He may be as honest as we are, and his knowledge may not be inferior to ours, but he happens to look at things from a different standpoint than we. Hence the difference.

Why should we not accord to everyone the privilege to do his own thinking? Why should there be acrimonious debates, or even vicious attacks on character? Let everything be done in the spirit of true brotherly love and there will be plenty of diverse opinions, and yet a reign of professional peace.

And if anyone be disposed to create a disturbance, "sit down on him." We have no use for the professional nihilist, anarchist, or even the so-called *specialist*. But we cannot kill him, and he will not go and let us alone. So give him plenty of rope and he will hang himself.

CHRISTIAN SCIENCE AND ORGANIC DISEASES.

The suicide of Ex-Alderman Umbarger, which was reported in the daily papers a short time ago, deserves more than a casual mentioning. Several years ago the alderman's ailments began. It proved to be locomotor ataxia. The diagnosis was clear, and some of the best men made statements, upholding the verdict. The proper prognosis made things rather dark for Mr. Umbarger.

Finally he sought help at the hands of the Christian Scientists. Under the excitement brought on by the diagnosis and prognosis given by their healers and by the forced use of ex-

cited will-power, the man, whom the doctors had given up "to die," improved. He suffered less pain, or pretended to do so. He was improved and improving. He soon would be completely well.

The leaders of this deceptive cult took full advantage of this, and repeatedly the papers had to enlarge on this "wonderful cure." Christian Science triumphed. The advocates of this system of fraud and deception tried to get out of this all the credit that could be obtained.

But a victory based on deception or fraud can never bring permanent enjoyment. Fraud, like murder, will be exposed sooner or later. So it was here. Imagination and will-power could not stay the progress of the disease. The patient got worse; the despondency and the suffering increased, and one day he ended his miserable existence by sending a bullet through his brain.

When, oh when will the people learn the difference between function disturbances of the nervous system or the results of a disturbed mind and organic diseases? The former can be cured by Christian Science, faith, magnetism, suggestion or "moonshine." But when there is a growth, or when other changes take place, then these manipulations become worthless. When will people come to know the distinction between a real disease and an illusion?

"HOMEOPATHY VS. ANTI-PATHY."

Under this caption Dr. Guernsey P. Waring publishes an article in *The Critique* which certainly awakens some thought in those who read and think. Others, being fixed in their views or prejudices, may be unable to think any thoughts that are not at least a century old.

In this article the homeopathic colleges are assailed because of their unhomeopathic tendencies. The sin they are committing consists in doing something that Hahnemann has not described in any of his writings. Well, all due respect for Hahnemann. We place him at the head of the list of the world's medical teachers and say fearlessly, "Where is another man to be found whose teachings have had such an enormous, perma

nent and ever-increasing influence as Hahnemann?" But a peculiar feeling, a feeling almost reaching the degree we call disgust, often fills our soul when again and again it is said: "Hahnemann did not say so, did not do so." Hahnemann was ahead of his time, but if he came again to-day and would do exactly as he did before, we might find that he would be in some points behind the times.

What are these colleges doing? Noble work. They and their alumni have made Homeopathy respected. Our students are the peers of any other. When they appear before the State boards, their work is more satisfactory than that of other colleges, for their percentage of failures is below the average.

But, it is said, that there is taught the use of "Epsom salts, methylene blue, calomel, quinine, strychnine, compound tablets, etc., etc. And then they keep in their faculty such men as "Drs. Goodno and Halbert, whose works on 'Homeopathic Practice' are living witnesses of their inconsistency and false teachings"

These are meant to be crushing charges. Dr. Waring forgets, however, that Hahnemann himself was constantly searching for something new, and found many things. Did all research cease when he closed his eyes? Was the "revelation" of therapeutics complete at that time? No, certainly not. Were it necessary to search for safe guides from sickness to health among the medical fraternity, we would certainly apply to Drs Goodno and Halbert before we would be willing to consider their critics in that capacity. Educated people always think more of men having a wide range of resources than of men narrow in mind and possessed of only one idea. They want men with resources and such as are able to diagnose, relieve and cure.

Dr. Waring is rather pessimistical. If he is right, Homeopathy is doomed. He knows of two or perhaps three of their colleges that are not contaminated by the destructive error-complained of, and as these have only a few graduates, it seems to be a foregone conclusion that Homeopathy will soon be a thing of the past. If he is right in his statements, what else can happen?

But pessimists hardly ever are good judges of the true situation. Their picture is always too dark. So is this. There

is true Homeopathy, as well as general medical science, taught in nearly every homeopathic medical college—in fact, there seems to be no reason to except a single one. And then, truth will prevail.

But what of the influence of the admirers of “pure Homeopathy”? If Dr. Waring is a spokesman in authority, there may be some revelations in the near future. Here are a few of his statements:

“The present school year is about to close. The catalogues for the coming year are soon to be prepared and issued, and this question confronts you: What are you going to do with this troublesome fact that ‘the indorsement of error is most fatal’?”

“The time is fast approaching, the limit has wellnigh been reached, when students will revolt against, and the honorable part of the profession will openly condemn, the erroneous and destructive teaching in many of our public institutions.

“If you continue to retain the above-mentioned type of un-homeopathic teachers in departments where therapeutics and fundamental principles must be taught, then all the batteries which a rapidly growing crusade can man will be turned upon the enemy. Catalogue promises will not be sufficient unless backed by loyal teachers—constructive work depends upon those who teach.

“We will wait to know your decision. The forthcoming catalogues will make the announcement. We shall be delighted to declare it to the world—a free advertisement—if you have the moral courage to do right. For the present, we say adieu to the colleges.

“Like the repentant widow of a hen-pecked husband, who had committed suicide to end his misery; she directed to be placed upon his tombstone: ‘Rest in peace till we meet again.’”

Well, what of it? Will these threats be heeded? I think not. No board of directors would depose men of influence because of a demand clothed in such language.

If there are cases where Epsom salts is necessary, where calomel or strychnine are indicated, these drugs will be used, no matter who protests. And the students will want to know what is the best way to meet certain conditions, even if the remedy is not to be found among the polychrests.

KANSAS CITY HOMEOPATHIC MEDICAL SOCIETY.

The Kansas City Homeopathic Medical Society held a dinner followed by a session, at the Midland Hotel, Tuesday evening, June 26, Dr. W. J. Gates presiding. There were 33 present. After a dinner which tempted the appetite and then satisfied it, there were impromptu remarks by Dr. Chas. Ott, Dr. W. A. Forster and Rev. Dr. J. Stewart-Smith.

Following this were the regular papers and discussions. Dr. A. H. Starcke read a paper on "Internal Vaccination" in which he advocated its adoption, claiming that it was more prophylactic than vaccination by scarification and more cleanly. In the discussion following it was developed that not all present shared the doctor's views.

Dr. W. A. Forster read a paper on "Tetanus," which was freely discussed. Both papers were enjoyed. This was the last meeting of the society for the summer. The next one will be held at the Midland Hotel sometime in September. Dr. Gates appointed Dr. L. P. Crutcher as chairman for that meeting.

**THE KANSAS CITY HAHNEMANN MEDICAL COLLEGE
OPENING.**

Kansas City Hahnemann will begin its nineteenth annual course of lectures Wednesday, September 12th, with prospects for an exceptionally good year. The faculty has been strengthened in certain places, making a very strong teaching body. The building has undergone a complete overhauling, the laboratories have been put in better condition, and everything looks clean and inviting.

Two men have been kept at the college during the entire summer to look after the clinics, with the result that we have larger clinics than ever before. The plan this year is to give the Senior class less didactic work and a greater amount of clinical instruction, thus making them better prepared to begin their work as practical men and women in the profession of medicine.

The lower classmen will find some improvement in their course, and it is hoped that all will make an effort to begin work the first day of the session.

We would advise the student who is thinking of entering upon a course in medicine to investigate the class of work we are doing here in Kansas City before deciding on some eastern school. The distinct advantage of the small school over the large one is becoming more apparent every day. The student comes into closer touch with the professor, and, where the clinical facilities are at all limited, the student in the large college suffers. The writer knows whereof he speaks, having graduated in a large class. During his whole course he was never given the opportunity to assist in even the simplest operation, to give an anesthetic, nor to attend a case of labor. He saw hundreds of laparotomies and other major operations from the seats of the amphitheater, but the close-range vision was lacking.

It is a rare thing for one of our men to complete the Junior course without having given one or more anesthetics, assisted in many minor and some major operations, attended one or more cases of confinement, and in many other ways enjoyed privileges that are scarcely enjoyed by the Seniors of larger colleges.

The prospects are that we shall have a large increase in our enrollment the coming year, but not so great as to cause anyone to suffer thereby.

If you have not already received one, sit down to-day and write for a catalogue. Address G. W. Smith, M.D., Registrar, 1103 Main Street, Kansas City, Mo.

MEDICAL REFORM.

The wave of reform which is sweeping over us too is, in many ways, a good thing. Out of it ultimately will come a stronger and a cleaner therapy. But much of the criticism is Pharisaical and unjust. "Kill! kill!" seems to be the cry, and instead of simply rectifying a wrong here and correcting a fault there, so as to strengthen our weak points and get rid of our errors by the process of exclusion, the effort seems to be to make the whole medical world and all its agencies conform to the hard-and-fast rules laid down by so-called "authorities"—to destroy everything which apparently does not accord with the time-honored methods of the past or the hypercritical negations of the present.—*Amer. Jour. of Clinical Medicine.*

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

Dr. Luella Z. Rummel, of Kansas City, is spending a month at her old home in Ohio.

Dr. Jos. M. Patterson, of Kansas City, has returned from two weeks spent in special study at Chicago.

Dr. H. P. Gilstrap, of Kansas City, Kas., spent his vacation during the latter part of July at Niagara Falls.

Dr. W. J. Gates, of Kansas City, Kas., has purchased a new Ford automobile and joined the ranks of the motorists.

Dr. T. H. Hudson, who recently re-located in Kansas City, spent a few days this month in Kentucky on a business trip.

Don't forget the meeting of the American Institute of Homeopathy at Atlantic City, September 10 to 15. Big doings.

Dr. Mark Edgerton, of Kansas City, has taken his family to Monegaw Springs, Mo., for three weeks of rest and recuperation.

Kansas City is preparing an ordinance which will include all of the provisions of the Hepburn pure food law, and then some.

Dr. H. F. Fisher, of Kansas City, is spending the summer in Texas, where his wife has been for several months convalescing from a serious illness.

Kansas City Hahnemann Medical College will open for the fall term September 11. The lectures begin the following day, Wednesday, September 12.

Dr. Wm. Robinson Clarke, Kansas City Hahnemann, '04, was in Kansas City this month visiting his professional brethren. The doctor will probably locate at Platte City, Mo.

The Sultan of Turkey has recently rewarded his physician handsomely for relieving him of a serious illness. Sometimes patients forget this little proposition of showing gratitude for services.

The Kansas State Board of Health now states that the products of the Kansas City packing-houses being shipped into the State are in compliance with the recent pure food regulations being enforced by the board, and backed by the State law.

Dr. Frank Elliott, dean of Hahnemann, spent a few days last month in Southwest Missouri, where he was called to give expert testimony.

Really now, Brother Dewey, you ought to give the Medical Forum credit when you copy one of the locals verbatim. The Forum prides itself on its local news department and feels complimented when this is noticed, but on page 252, second column, Mister Doctor Dewey, you appropriated one. Now, "fess up."

At Los Angeles the board of health recently conducted an investigation into the soda water proposition, with the result that legislation will be asked for on the point. In syrups, etc., exposed on counters it was found that countless disease germs accumulated. The soda fountain is a prolific source of disease.

Dr. Tom R. Gammage, of Kansas City, returned recently from his claim in Oklahoma, wearing a full beard. Several of his friends recognized his resemblance to various bewhiskered individuals of their acquaintance until the doctor decided that he should adopt the Iowa idea of a clean-shaven sanitary face.

The following deaths among the medical profession are here chronicled: Dr. Carl V. Vischer, Philadelphia; Dr. J. Eugene Tremaine, Chicago; Dr. Clara M. Hazard, Iowa City, Ia.; Dr. John Adams Wakeman, Minneapolis, Minn.; Dr. Alexander R. Shaw, Philadelphia; Dr. John H. Henry, Montgomery, Ala.; Dr. Charles Day, Honolulu, H. I.

If you did not receive a copy of the 1906-7 catalogue of the Kansas City Hahnemann Medical College, drop a line to the registrar, Dr. G. W. Smith, 413 Deardorff Bldg., Kansas City, Mo., and you will be supplied. It is a very creditable one, and contains some new features, as well as a list of what is considered the best faculty which has ever been assembled in Kansas City.

Hering Medical College, of Chicago, announces a night school in connection with the day school. This is not a new departure in homeopathic medicine, for the Kansas City Hahnemann Medical College has maintained a night school for the past three years, which has been most successful. The day and night classes are entirely separate, and it requires about two months longer course each year.

THE MEDICAL FORUM

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ORIGINAL ARTICLES.

MANAGEMENT OF COLDS.

BY J. M. PATTERSON, M.D., KANSAS CITY, MO.

Professor of Ophthalmology, Otology and Laryngology, Hahnemann Medical College of the Kansas University; Oculist and Aurist to the Armour Memorial Home.

Colds in the head or acute coryza may be divided into four stages: 1st, the stage of chill or congestion; 2d, stage of inflammation with turgescence of the turbinate bodies with discharge of serous fluid; 3d, stage of mucous discharge or resolution; 4th, the sequelæ.

Upon the stage will depend both constitutional and local treatment; the remedy best indicated in one stage will not be the best remedy in the other stages.

In the first stage—that is, during the first sign of a chilly feeling, the remedy is camphor, which should be given in 4- or 5-drop doses of the tincture and repeated in 20 or 30 minutes. The symptoms calling for camphor are so soon gone that a physician rarely gets to prescribe it, but it is one of the best remedies to put into the hands of the patient with instructions to take it upon the first symptom of a cold.

The next remedy, which may be said to be indicated in the last part of the first stage and extends into the first part of the second stage, is aconite. The symptoms calling for aconite are external cold and internal heat, with thirst and quick pulse and restlessness. If at this stage you have the chilliness with no thirst, slow or soft pulse with languor and lassitude, then gel-

semium is the remedy. After the stage of exudation neither of these remedies is indicated. Gelsemium, however, is usually suited to the cases that in addition to other symptoms have watery excoriating discharge with sneezing. In other words gelsemium goes a little farther into the case than aconite.

It is in this stage and also after the discharge has become decidedly mucous in character that great relief can be obtained by the local use of adrenalin or suprarenalin applied by a pledget of cotton to the turbinals, especially to the space between the inferior and middle turbinals. The use of this drug depletes the capillaries and smaller arteries, removes the turgescence of the turbinals and permits drainage from the inflamed and distended sinuses. Its use can be repeated every two or three hours, and in this way assure good drainage for these cavities, until the remedies have had a chance to restore the secreting surfaces to a normal condition. Its value is enhanced during the stage of congestion and the stage of exudation by occasional spray of camphor and menthol, each 15 grains to the ounce of albolene.

Watery sprays should not be used during the stage of congestion or until the discharge is mucous, and then should only be used by the post-nasal route. During this stage—of profuse mucous or muco-purulent discharge, spraying the nose through the naso-pharynx with suitable spray-tube, followed by use of adrenalin and the camphor and menthol in albolene, will add much to the comfort of the patient and materially shorten the course of the disease.

I must not fail to mention a few other remedies that, when indicated, work wonders in shortening an attack of minitis.

Arsenicum iod. has an abundant thin, hot, excoriating discharge from the nose, with burning sensation, soreness of nose and upper lip, lassitude and prostration. From habit, brought on by the notion that I got better results, I prescribed arsenicum iod. instead of arsenicum.

Mercurius sol. has a thin mucous discharge, not watery, though very excoriating. In those colds that show a tendency to "hang on" with above symptoms, it often cures in twenty-four hours.

Mercurius biniod. has swelling of the mucous membrane, with popping of the ears.

Allum cepa, excoriating discharge from the nose, while discharge from the eyes is bland.

Euphrasia, excoriating discharge from the eyes, but discharge from the nose is bland.

Arum triphyllum, fluent acrid discharge; nostrils very sore and obstructed, with constant desire to pick the nose, which feels completely obstructed.

Nux vomica, nose feels dry and obstructed; worse when indoors, relieved in open air.

Hepar sulph., when there is stopping of the sinuses or Eustachian tubes.

I also desire to mention the great relief often to be obtained in violent inflammation of the nose and accessory sinuses during stage of congestion by the local use of the ice-bag applied over the bridge of nose. Also during this stage the rapid relief that will often follow a Turkish bath, or, in absence of this, a hot foot-bath and drinking of hot drinks. These, followed by rest in bed for a day, is often the quickest and surest way to cure a cold.

As to sequelæ, there will not be any if treated as outlined above with both local and constitutional remedies.

It may not be amiss to say something about the prevention of colds. I will call attention to such precautions as the wearing of shoes with heavy soles; the daily use of the cold bath, or, when it is contra-indicated, the cold sponge; the avoidance of too much meat in those unable to take plenty of outdoor exercise; the correction of chronic inflammations of the nose by proper local treatment and the removal of growths from the septum, etc. Always remember that in children with frequently recurring attacks of rhinitis, *adenoids* are in nearly every instance the cause.

This paper should not be closed without again calling attention to the error that many medical men are still making in prescribing large doses of quinine for colds. Bacon, in his work on otology, and D. B. St. John Roosa, besides many other noted men of the old school, have in very positive language called attention to the baneful results, produced, especially on the ears, by this foolish and pernicious habit. The truth of the matter is, that it does a cold no good and may do the ears much harm.

Cardboard splints are best molded to the extremities if their edges are torn, not cut.

SOME OBSERVATIONS ON LABORATORY MILK.

BY JULIUS ROTTECK, M.D., ST. LOUIS, MO.

A provision for the sustenance of infants that are deprived of natural nourishment is a profound problem. To find a substitute for mother's milk is a question that has taxed science and skill to the utmost, but without much avail. While it is well conceded that the food must be fitted to the baby, we must not in our overzealousness lose sight of fitting the baby to the food. No rule for feeding is arbitrary; the only index of assimilation is increase in weight. Correct feeding, although many times ignored and carelessly observed, is of prime significance, as it is the foundation of a child's life; it gives rise to a good superstructure and an indispensable resisting virtue, which is Nature's conservative measure of good health. As simple a food as possible should be given. As a prescription depends upon simplicity, composed of as few ingredients as possible, so is it likewise in selecting food for a child that is as simple as possible.

Preparation of an infant's food stands next to feeding—for what good could be wrought after feeding a child carefully, when the milk is carelessly prepared? Accurate and careful preparation, although simple, requires ordinary intelligence and care, which the average mother does not possess. More so, the milk supply is very unreliable. The poor, who are usually the preceptors of Roosevelt's axioms, are usually blessed with frequent visits of the stork. These weaklings brought into the world with unhygienic surroundings, suffer most intensely for the active food principles, whose access is very hard and almost impossible. During the last decade, means have been discussed and tried whereby this highly valued article could be acquired. Charitable organizations have brought this matter to a successful consummation. The city of St. Louis has organized a laboratory, from whence clean and modified milk is obtained gratis. In these laboratories no stone is left unturned that in any way promotes its efficacy as a nourishing food to infant life. The source of milk supply is reliable and its preparation as scrupulous and accurate as science can devise. Regular formulæ, whose percentages have been mathematically calculated and submitted to a board of specialists, are used. Milk is daily modified in accordance with

these formulæ, and aseptically bottled in various sized flasks. After being bottled, the milk is subjected to a steam pressure for pasteurization, then gradually cooled, packed in boxes, being covered with crushed ice and delivered to various stations. If, for any reason, none of these prescribed formulæ fail to agree with the patient, then the physician is at liberty to write a prescription of a special formula. But statistics have proven—these being standard—that the three formulæ cover nearly all cases, provided that other circumstances are corrected.

While it is true that laboratory milk is the ideal infant food, its administration as a food for all cases is limited. Occasion demands that the proteids of modified milk be remodified, as in a case of protracted and obstinate colic, which does not yield after the lowest formula has been prescribed. Albumen water as a diluent, equal parts or prescribed pure, does miracles. Peptonization is gradually becoming a thing of the past in overcoming any gastro-intestinal indigestion. In this connection might be mentioned the result of certified milk in a particular case: Infant boy, lived in tenement district; poorly nourished; breast baby up to 6 months; circumstances made it necessary to wean child; put on condensed milk and did well. Greenish diarrhea set in, which did not yield to indicated remedy. Later put on malted milk; did well for a while; gradually declined. Placed on pasteurized milk, which did not appease child's appetite. Stronger formula given, but at first caused colic. Albumen water given, equal parts; steady improvement, with gradual return to original milk, when child was entirely well. Greenish fermentative diarrhea, with undigested stools that are palliated digestive ferments and are predigested food, are permanently cured. Results have been obtained that are good and permanent. This is accounted for by the use of simple hygienic and mechanical measures and a lighter form of nourishment, giving Nature a chance to rectify its own condition.

In commenting upon certified pasteurized milk, considering its virtues and administration as an ideal food for nearly all babies artificially fed, we must consider the cereal foods. Frequently it happens that a child does not thrive on certified milk for some unknown reason, or perhaps there is a constipation or some malnutritious defect that only yields to a cereal food. In this connection it is noteworthy to mention an interesting case of

marasmus: Willie——, 10 months old, illegitimate child; well up to 7 months, when his nutrition, which was deplorable, failed him. Attempted to fit the baby to the food, but in vain; prescribed certified milk that was recertified. Baby digested food, but by objective symptoms lost in weight. All the concomitant adjuvant measures were tried unavailably. Vomiting ensued, which made it urgent to give egg water. Eskay's food was given in accordance to directions and to cover the constitutional symptoms. The result was magical. Whether it was the indicated remedy or a change of food is an open question. Nature, in her unlimited sphere and her varied phenomena, demands changes. Man demands change as well as a child. The climatic conditions, the change of seasons which accompanies the articles of food, are well observed, but without considering the wherefore. No article of diet answers the purpose for all, all the time. Therefore, when a child is not thriving the way it should, although its food is digested but not assimilated, it behooves the physician to make a change.

In conclusion, nothing argues against facts. The feeding of infants is a science that is in its infancy. There is no laboratory that can exactly formulate a milk that comes up to the standard of mother's milk. So, therefore, always encourage breast feeding whenever possible.

DIFFERENTIAL COMPARISON OF ACONITE, BELLA- DONNA, BRYONIA AND GELSEMIUM.

BY D. T. NICOLL, M.D., TOPEKA, KAS.

The subject assigned to me is so comprehensive that it is impossible to do it justice in the short time at my disposal. I shall therefore have to confine myself to the general characteristics of the remedies in question and to a comparison of their peculiarities in fevers:

In a general way it may be said that the diseases or abnormal conditions for which aconite and belladonna are indicated are those coming on suddenly and strenuously. In my practice I do not think I have ever had occasion to use aconite for any marked manifestation which had lasted over twenty-four hours, nor do I

think I have ever had to use belladonna for a disease which had been in progress for more than 2 or 3 days. Aconite acts primarily on the sympathetic nervous system, while belladonna acts primarily on the cerebro-spinal and secondarily on the sympathetic nervous system, and it is only on this account that the manifestations of aconite are more speedily apparent than those of belladonna, both of these remedies being prompt and paralyzing in their effect. The onset of the disease in which these remedies are applicable is so fast and furious that it invariably throws the patient into a state of great mental excitement, but here a difference at once becomes apparent: the aconite patient is full of fear and anxiety and is afraid his last hour has come; the belladonna patient is so prostrated or so racked with pain that death is oftener courted than feared. Both of these remedies are usually called for in full-blooded, plethoric persons; just the type of person, you will note, who, when he does become ill, is taken very suddenly and violently.

On the other hand, bryonia and gelsemium are more particularly adapted for complaints and diseases which come on slowly and insidiously, complaints which wear the patient out without reaching the intensity of aconite or belladonna.

A comparison of these remedies in fevers is very interesting. In the first place, there is no change in the *quality* of the blood in the aconite fever, although the action of the heart is greatly accelerated. On this account aconite is never called for in typhoid, typhus, malarial or yellow fevers. There is very seldom any change in the quality of the blood with belladonna, so that it also is hardly ever called for in those fevers. On the other hand, bryonia and gelsemium are capable of greatly disorganizing the blood, and are therefore valuable remedies in typhoid, remittent and intermittent fevers.

In aconite the chill rises from the feet to the head or chest. There is shuddering on lying down, or a decided chill, followed by a high fever, difficult breathing, face flushed, with cold hands and feet; great and *continuous* thirst for cold drinks, nervous excitability, great mental anguish and fear of death; the skin is hot, dry and harsh; pulse is full, hard and bounding; later follows a warm, profuse sweat with relief. There may be some muttering or delirium with aconite, which simply results from the high temperature, and not from any inflammation of the

brain. With belladonna the chill and fever alternate. There is coldness of the limbs with heat of the head; the face is red, with brightly shining eyes and dilated pupils. The pulse is full and hard, as under aconite, but it has a peculiar feeling, as of buckshot striking the finger. This is caused by the quality of constriction that belladonna exercises over the circular fibres of the blood-vessels. The throbbing carotids indicate the nervousness and jerkiness of the heart's action. The skin is hot and *moist*, so hot that it seems to burn the examining hand. When you lift the bedclothes, the patient seems to fairly steam with perspiration. There is some thirst, but it is not marked as in aconite or bryonia, and it very frequently nauseates the patient to drink water. Looking at the belladonna patient, you frequently see large heads of perspiration standing on the forehead, and when you touch it, the perspiration is hot. The cerebral symptoms are very prominent under belladonna: jerking of muscles and twitching of limbs in sleep, hallucinations and visions; there may be furious delirium with attempts to escape from the bed or the house. When the patient speaks, it is hasty and almost incoherent, as if the tongue could not move fast enough to follow the thoughts.

The fever of bryonia comes on more gradually than either aconite or belladonna, and is more likely to be remittent or intermittent in its character. It is frequently indicated in rheumatic, traumatic and typhoid fevers. The mouth is very dry and the tongue is nearly always coated white or yellow, especially in the middle; the edges of the tongue may be perfectly clean. Great thirst for large quantities of cold water as in aconite, but the patient only calls for drinks at long intervals. The patient wants to lie perfectly still, as every motion aggravates all his troubles. He does not even want to turn his eyes, because of the pain it causes in them. The bryonia fever is nearly always associated with a racking headache, of a dull, throbbing character. The least attempt to raise the head from the pillow causes a feeling of nausea and faintness. In belladonna there is also a headache, usually described as a "splitting" headache, which is intensified by any motion of the head; but the patient has frequently to sit up and press the head firmly with the hands to get relief, while with bryonia he has to lie perfectly still.

Gelsemium causes a partial chill, beginning in the hands, or running up and down the spine, followed by a general heat, particularly of the head and face. The sweat is moderate, but always gives relief. The patient is willing to lie still and rest, although moving does not aggravate his condition, as under bryonia. He does not have the intense thirst of aconite or bryonia. There is only a moderate thirst, and that is during the sweat that follows the fever. During the fever he has no desire to drink. There is a nervousness which frequently causes diarrhea or frequent urination, but it is not akin to the fear and anxiety of aconite. The patient wants to lie perfectly still, and with his head on a high pillow, and usually lies in a drowsy condition. The headache is usually a tired headache at the base of the brain, and is often relieved by a copious flow of clear, colorless urine.

To summarize: The aconite fever is typified by active congestion, as is that of belladonna; the bryonia fever by passive congestion or lack of elimination; and that of gelsemium by relaxation and prostration.

Perspiration gives relief in aconite and gelsemium. Does not give relief in belladonna or bryonia. The perspiration is profuse in aconite and belladonna; only moderate in bryonia and gelsemium.

Aconite: Continuous thirst for long, cold drinks. Bryonia: Thirst for large quantities of water at long intervals. Belladonna: Little or no thirst; tendency for water to nauseate. Gelsemium: No thirst during fever; moderate thirst during perspiration.

In aconite, the patient is wide awake and tossing about in anxiety; in gelsemium, restless or drowsy by turns; in belladonna, lying quietly, but nervously excited or delirious; in bryonia, lying perfectly still, because of aggravation from least motion.

In aconite and bryonia, the pupils are contracted. In belladonna and gelsemium, the pupils are dilated—more so in belladonna than in gelsemium.

Many other points of differentiation might be mentioned, but I fear I have already exceeded my time limit.

TRAUMATIC ORCHITIS.

BY E. W. BOARDMAN, M.D., PARSONS, KAS.

K. A. ———, aged 35, married, contractor. On September 13, 1905, pinched or bruised the left testicle while riding over a rough place on his bicycle. In a few hours he was taken with violent pains in the testicle and cord, requiring the hypodermic injection of morphine to relieve. Severe pain and great swelling of the testicle continued, and his temperature ranged up to 102°. Applications of antiphlogistine and a lotion of a 20 per cent solution of guaiacol in glycerine seemed to have very little effect either on the pain or the tumefaction. Patient was very sick, vomiting at times; looked very pale and anemic, with entire loss of appetite.

In about two weeks an abscess pointed at the upper part of the distended scrotum, and it was incised and evacuated, but continued to discharge freely in spite of frequent and thorough antiseptic irrigation. In a few days soft portions of the testicle became extruded, the cutaneous opening gradually enlarging, giving rise to a distinct hernia testis, the pus coming from the testicle itself apparently.

On October 11, 1905, at a consultation, it was decided to remove the testicle, and this was accordingly done, the remaining cavity being thoroughly douched with pix cresol solution and a drainage-tube inserted, which was removed in two days, as much of the wound had already healed. There was no further suppuration, and in less than two weeks the patient was about the house and his health has remained excellent since that time.

Microscopical report was negative so far as gonorrhea or tuberculosis was concerned, and the diagnosis was simply traumatic orchitis with resultant abscess of the testicle. The traumatism did not appear to have been very severe, and that it should produce such serious results was surprising to all parties concerned. Traumatic orchitis should not destroy the testicle unless the contusion is very extensive, and the result could not in any way be attributed to neglect on the part of the patient, as he was very tractable; in fact, he was too ill to be out of bed almost from the hour of injury.

We feared at first that the bruise was merely localizing a tuberculous infection, but the rapid development of the case, and later the microscopical findings, excluded this diagnosis. He denied ever having had any specific infection, and, as he is a married man of presumably good habits, we were not surprised when the microscope failed to find evidence of such a cause. Perhaps there was some defect in the treatment of the case. Suggestions as to the proper handling of similar cases would be very acceptable.

SOME REMEDIES IN GASTRITIS.

ARRANGED BY DR. MACLAY LYON, KANSAS CITY, MO.

Anacardium.—Empty feeling in stomach. Eating and drinking relieve dyspepsia. Apt to choke when eating or drinking. Hasty eating and drinking. Weak digestion, dullness and distension. Eructations.

Antimonium Crudum.—Loss of appetite. Desire for acids; for pickles. Constant belching, bloating after eating. Eructation of a fluid tasting of ingesta. Gastric and intestinal complaints from bread and pastry, acids, sour wine, cold bathing, overheating, hot weather.

Argentum Nitricum.—Great craving for sweets. Flatulence; painful swelling of pit of stomach. Belching accompanies most gastric ailments. Nausea, retching, vomiting of glairy mucus. Gnawing, ulcerating pain. Ineffectual effort at eructation. Trembling and throbbing in stomach. Enormous distension. Radiating pain.

Arnica.—Feeling as if stomach were pressing against spine. Oppressive gases pass up and down. Pain in stomach during eating. Repletion with loathing.

Asarum.—Smoking tobacco tastes bitter. Desire for alcoholic drinks. Nausea worse after eating. Great faintness.

Arsenicum Album.—Cannot bear the sight or smell of food. Great thirst—drinks much, but little at a time. Nausea, retching, vomiting after eating or drinking. Anxiety in pit of stomach. Burning pain. Craves acids and coffee. Heartburn—gulping up of acid and bitter substances which seem to excoriate

the throat. Long-lasting eructations. Vomiting of blood, bile, green mucus, or brown-black mixed with blood. Stomach extremely irritable; seems raw as if torn. Gastralgia from slightest food or drink. Dyspepsia from vinegar, acids, ice cream, ice water, tobacco. Terrible fear and dyspnea with gastralgia. Faintness, coldness, great exhaustion. Malignant symptoms. Everything swallowed seems to lodge in the esophagus, which seems as if closed and nothing would pass. Ill effects of vegetable diet, melons and watery fruits generally.

Asafetida.—Great difficulty in bringing up wind. Flatulence and regurgitation of liquid. Hysterical flatulence. Great distension. Pulsation in pit of stomach. Violent gastralgia; cutting and burning in region of stomach and diaphragm. Gurgling and rolling of wind, which escapes afterward with loud and difficult eructation.

Baptisia.—No appetite. Constant desire for water. Sinking feeling at stomach. Pain in epigastric region. Feeling of a hard substance. All symptoms worse from beer.

Baryta Carbonicum.—Waterbrash, hiccough and eructation, which relieves pressure as of a stone. Hungry, but refuses food. Pain and weight immediately after a meal, with epigastric tenderness. Worse after warm food.

Belladonna.—Loss of appetite. Averse to meat and milk. Spasmodic pain in epigastrium. Constriction; pain runs to spine. Nausea and vomiting. Great thirst for cold water. Spasms of stomach. Empty retching. Abhorrence of liquids. Spasmodic hiccoughs. Aversion to water. Dread of drinking.

Benzoic Acidum.—Sweat while eating. Pressure in stomach; sensation of a lump.

Berberis Vulgaris.—Nausea before breakfast. Heartburn.

Bismuthum.—Vomits with convulsive gagging and pain. Water is vomited as soon as it reaches stomach. Eructation after drinking. Vomits all fluids. Burning, feeling of a load. Will eat for several days, then vomit. Slow digestion with fetid eructations. Gastralgia; pain from stomach through to spine. Gastritis. Better cold drinks, but vomiting when stomach becomes full. Tongue coated white; sweetish metallic taste. Inexpressible pain in stomach; must bend backwards. Pressure as from a load at one spot, alternating with burning crampy pain and pyrosis.

AN HOUR WITH EXCHANGES

Three golden rules in periostitis should be plainly understood and conscientiously practiced:

1. Prompt operative interference offers the greatest advantage.
2. The incision should be large and free.
3. Drainage should be ample and kept up till healing is well under way, and discharge ceases.

In children especially, the occurrence of sub-periosteal fractures, particularly near the heads of the humerus and the femur, must be borne in mind. There is no deformity or false motion, very often no crepitus. Exquisite localized tenderness is the chief clinical evidence.

* * * * *

X-ray examination, as ordinarily conducted for the purpose, is of infinite value in discovering the presence of a needle or other foreign body, but as a means of definitely localizing it, it is very deceptive. It can be made very helpful by the following manipulation: an incision is made in the general locality of the foreign body, as approximately indicated by the rays, and a brief search is made. If this is unsuccessful, one or more probes are passed into the wound, and the relative location of their shadows and that of the foreign body, when the part is in different positions before the fluorescent screen, will quite accurately indicate in which direction further dissection should be conducted.—*Int. Jour. of Surg.*

* * * * *

Dr. H. F. Biggar recommends for obstinate vomiting during pregnancy, where other remedies fail, the use of tampons saturated with an ointment made up as follows:

- R. Ext. belladonna, gr. xx.
 Ext. opii, gr. xx.
 Lanoline, oz. ss.
 Oosmoline, oz. ss.

Cleanse parts with the following solution:

- R. Thymol, dr. i.
 Sp. vini rect., oz. vi.
 Aqua pura, O. ii.
 Use as a douche.

Natrum carb. is often useful in troubles of the nose and throat—though seldom used.

1. All complaints are worse from the slightest draft of air or change of clothing.

2. In nasal catarrh the trouble is worse at night, nose being stopped up at night. During the day coryza is fluent.

3. Discharge may become thick yellow or greenish. There is loss of smell and taste.

* * * *

"Passive pulmonary hemorrhage, mostly venous, but may be arterial; usually preceded by a sensation of pressure upon the chest, with weak and small pulse. The patient wants to lie with head low and wants the window open. Dose 5 to 10 drops of 2 x or 3 x."—*Lilienthal*.

* * * *

Pulsatilla is a very useful remedy in colds and the resulting catarrhal conditions. It does not relieve the attention it deserves. The discharge is not irritating, though the nose may be sore. Green fetid nasal discharges, with diminished taste and smell, or a thick yellow, bland discharge, call often for this remedy.

* * * *

"The use of ergot in hemoptysis need not be abandoned by our school. It is homeopathic to active arterial hemorrhage because it primarily raises the blood-pressure in the lungs. Therefore it should in this condition be prescribed in 2 x or 3 x dilutions of Squibb's fluid extract or normal tincture."—*E. M. Hale*.

* * * *

Do not hesitate to suture contused or lacerated wounds, provided you have first thoroughly cleaned them. Drainage should be provided in such cases.

* * * *

No surgical instrument is cheap unless it is made in the best way, and from the best possible materials for the purpose. The way to buy instruments is to purchase them from the man who will charge least for something which he guarantees to be as good as the best in the market. There is nothing so expensive to the surgeon as knives and scissors that will not keep an edge, and locking instruments that will not stay locked after a brief period of usage.

THE MEDICAL FORUM.

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EDITORIAL.

PHYSICIANS AND THE ANTI-TRUST LAWS.

The laws of the State of Kansas are peculiarly formed, and yet the enforcement of the same is worse than the law itself. Not long ago the physicians of Allen County agreed to regulate their charges for services according to an adopted schedule, so as to have them both adequate and uniform. That would give every practitioner who does a fair amount of work a fair income for a living. Besides this, it would do away with many of the unpleasant occurrences, caused by too greatly varying charges.

But now there are threats of prosecution under the Kansas anti-trust law, which forbids all combinations that have for an object the raising or maintaining of prices for wages or com-

modities. It is said that under its provisions every doctor who belongs to the association can be fined or sent to jail.

Perhaps that law is for the public good, and therefore beneficial. If so, we have no right to complain. But then we have a right to demand an impartial execution, because then we would reap some of its benefits.

This execution is very partial. We have thousands of men who have combined to form labor unions, whose avowed object is to stand for their own interests, which includes the raising of the wages. Now we are not here raising any objection against labor unions. What we object to is that a physician, who is also a laborer, should be denied the same right that they enjoy. Impartial administration of law would mean that either the physicians' organizations be not molested, or that the labor unions be included in the same ruling. We demand nothing but justice, and we protest against discrimination.

POWER OF ATTENUATED DRUGS.

There are those who are skeptical as to the value of attenuated drugs. They cannot see how "so little can help." Their materialistic minds associate effects with large masses of drugs. That has always been the main objection against Homeopathy.

Just now our cause is receiving much aid from scientific investigations. That infinitesimal and (by methods now known to the chemist) undetectable quantities of drugs can exert a great power is being demonstrated more clearly as the time goes by. Perhaps the day will come when science will show that we were too moderate in our assertions of the mysterious force inherent in infinitesimal quantities of material substances. Let us look at a few of these facts:

I. Dr. Robin, of Paris, experimented with solutions of gold corresponding to our fifth centesimal potency (10 x), and found that "almost infinitesimal doses are endowed with very great activity." Here are some of the changes noticed:

1. "An increase of urea, which may increase 30 per cent."
2. "An increase in the coefficient of nitrogenous utilization."
3. "An increase in uric acid, which may reach high figures, as much as three times the initial quantity."

4. "A positive flush of urinary indoxyl."
5. "A decrease in quantity of total oxygen consumed."
6. "A temporary rise of arterial tension."
7. "A profound modification of the blood-globules. An injection is followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders, habitually associated with leucocytosis. Decrease in the number of leucocytes begins at the end of an hour or two and lasts for a period of time, varying from one to two days. The red corpuscles do not seem to undergo any modification."

He makes the following deductions, which confirm what homeopaths said a hundred years ago:

1. "Metals in extreme subdivision are capable of remarkable physiologic action, out of all proportion to the amount of metal used."

2. "Such metals, acting in doses which therapeutists considered heretofore as ineffectual and useless, by making a profound impression on some of the chemicals of life, whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

II. Pure water poured into copper or aluminum vessels does not show any traceable quantity of these metals. And yet, when inoculated with typhoid bacilli, these have disappeared in about three hours. It is well known that they ordinarily retain their vitality in water for a long time.

III. Or put *argentum nitricum* 1-1,600,000 in water and the growth of the *aspergillus niger* is inhibited. Carry the dilution up to the incomprehensible figure of 1-1,000,000,000,000,000 (15 x dil.), and filaments of the *spirogea* sustain life only about four minutes. Mercuric chloride shows the same action.

It might be interesting reading to have a report of all these experiments, now in progress. And the limit has not yet been reached. If now we know that attenuations which were a few years ago considered devoid of all medical and chemical properties, by the scientific men, are capable of influencing life, what may future discoveries reveal? We expect to see the efficacy of moderately attenuated homeopathic remedies fully proven by scientific, non-medical researches. And what then?

Well, the usual thing will occur. They will present such results as recent scientific discoveries, ignoring the fact that homeopaths knew them a century ago.

The local homeopathic society of Kansas City is holding its meetings with regularity and punctuality and the programmes carried out are very good. There are quite a number of physicians of our school in Kansas City. As usual there is among that collection a great variety of talent and opinions. The "high and the low" are there. We have those who do believe in and practice surgery and those who dread surgery. That, when these variously inclined personages come together, at times the "sparks fly," needs hardly any proof. But what of it? Without discussion the truth will not be known. It stimulates study. This favors progress, and that is the motto of our times.

In all these things we need moderation. We must never forget that our opponents are also men and women of brains, and though they flatly contradict us, we should always be charitable and patient. Perhaps in a few years we may have changed our position very markedly.

There have lately appeared in various medical journals quite a number of severe criticisms of our medical schools. The chief charge made against them is that the doctrines of Hahnemann are not taught in these schools. One of our correspondents made a few pointed remarks in the following words: "I was in a clinic in a college called H——, in C——, nearly a year ago. "H—— Medical College" was engraved on the stone coping of the building. *Not one indication* of the spirit of Hahnemann's knowledge of the laws of Nature, the law of cure, was exhibited at the clinic. And each case had keen points, exhibited for the selection of the curative remedies. Neither the audience nor the internes could learn any Homeopathy there. A stream cannot rise higher than its fountain. The only excuse I could apply was: 'Where ignorance is bliss, 'tis folly to be wise.' Has our correspondent given a true picture? Who will deny his statement?

The Kansas City Hahnemann Medical College does not belong to this class. In every medical clinic there is homeopathic teaching. No matter what shade of "potency idea" the teacher may be infected with, there is an earnest effort to diagnose the

case correctly. The students are required to make an attempt to grasp the pathology, etiology and also the prognosis correctly, according to the most modern standards of the medical science. This is all good Homeopathy. When prescribing must be done, then every teacher is required to give the students and the patients the benefit of a homeopathic prescription. And they live up to their promises.

* * *

We are sorry to find that there are those who cannot see that Homeopathy is a therapeutical science only. They believe that everything is curable by the "indicated remedy." This is not true, and, not being true, many of these cases end in failure and disgust. Homeopathy is blamed for these failures, and so loses the respectful consideration of those whose friendship would be a benefit to us.

* * *

On the other hand, we must remember that many cases, said to be incurable, can be relieved and cured by proper homeopathic medication. Who has not experienced, when in practice, something like this. Thirty years ago the writer stepped into a house, though he had not been called professionally. While conversing, one of the children had an attack of the coughing of whooping-cough. Said I: "Your child has the whooping-cough." "Yes," said the mother; "our doctor said that nothing can be done for it." "Well," said I, "I would like to show you that something can be done." The symptoms of the case seemed to point to *nux vomica*, which was given. In less than two days there was a marked change for the better. Yes, there are cases where the well-posted homeopath can give relief without the use of the knife or similar appliances, even if our "regular" brethren cannot do better than acknowledge that they are helpless.

* * *

Let us not be afraid that the use of adjuvants is going to bring us into trouble. And let us not go into hysterics, when somebody claims relief from a large dose of Epsom salts—or something similar. That was perhaps the best that could be done under the circumstances. An unloading of the bowels was necessary. Why not use the indicated remedy and rely on it? Would not they have done it? Perhaps, but that requires time.

and the patient's condition demands haste. Why not give something that will act at once and follow by the best remedy to relieve the cause?

* * *

Apropos: That reminds me of a very practical way to relieve many bad cases of acute enteritis, such as occur in children during the period of dentition. There are green, acid, fermented stools. The fine prescriber will call on us to carefully differentiate between such remedies as ipecac, arsenicum alb., chamomilla, mercurius, etc. They must relieve. Yes, they will relieve in time. Now an up-to-date prescriber selects the remedy that will be curative. But he says: "Here are masses of foul fermenting substances, that act as a source of irritation. I will drive them out first." And so he gives, as an introduction to a cure, a dose of castor oil or something similar, and then administers the remedy. What splendid results does he get!

* * *

"O shades of Hahnemann!" exclaim some that read these lines, "what have we come to in these modern days?" Well, let us remember that practical results surpass all theories. The writer has long ago found out that in acute gastritis or cholera morbus or any such diseases where there is much fermentation in the stomach or bowels, his remedies would act much better after both were practically empty. Now if the process of getting rid of this offending mass is slow and distressing—yes, even dangerous to the patient, why should we not hurry it. Is there any wrong in that? No; it is common sense.

* * *

Yes, there is a change in therapeutics, and that change means progress. In the time when Hahnemann arose to combat the therapeutics of his day, that were irrationally and wonderfully complex, by presenting scientifically tested single remedies to the suffering public. Just see what Dr. Waugh has to say about this, as to be found in the *Medical World*: "When we learn to use the single remedies, for distinct reasons, we begin to obtain a degree of satisfaction from the practice of medicine to which we were previously strangers. The more we know of physiology and pathology, and the better we understand the action of our remedies, so that we can employ them with nice discrimination, the more nearly we approximate the ideal standard of scientific medication."

Is it not a fact that we would profit by a more liberal practice of professional courtesy? There are many ways to do it. How often have physicians sat waiting for their turn, when calling on a professional brother. Would it not be better if we would have our patients understand that our colleagues are "preferred stock," and that if they call on us, we will give them, as nearly as possible, immediate hearing. There is no need to fear that we will lose by being courteous in the extreme and by being on friendly if not confidential terms with the rest of the profession.

* * *

Do not slander your colleagues. Remember that the people are interested in our petty jealousies. They are usually inclined to take the side of the man accused. There is nothing that will win us the sympathy of the people more than being persecuted. The persecutor loses public esteem. Injustice brings punishment, and it will always come to him that commits the wrong. Are you afraid of a rival? Treat him politely, kindly and justly. If he is a man of character and force, he will be less liable to do anything to injure you. If he lacks these qualities, you still gain by being a perfect gentleman.

* * *

Perhaps there is too much advantage credited to the city doctor. A medical writer has said something very appropriate on this subject in the following words: "Now there is not such a heap of difference between the city chap who plays at the healing art to the tune of \$20,000 per year and the good old country boy who's dead lucky if he makes \$2,000; and if there is, it's just as likely to be in favor of the boy from the timothy. To our mind, he's the 'background' to the whole picture; his therapeutics run from a cuss-word to a prayer, and from a beehive to apis 'Z. M.' He has been up against it *alone*, and this individuality of thought and action has developed an analytic and discriminating mind. His patients are usually of modest means, and necessarily his fees are modest; yet this does not worry him, because he loves his work. Call on him and he is never too busy to see you, and if he is very busy, he is proud to have you join him in his work—to see how he does things. Then when he has the time he will devote it to your pleasure. He may or may not grace a frock and silk 'sky-piece,' as some of the city boys do, which is

to his credit; he has broadened so that life means more to him than formality of dress. Little things like that do not affect him. He is one of God's great, big, broad-minded noblemen. So warm up your hearts to the men who are working with you, and see that in all cases they meet, at your hands, with the respectful solicitation that is their due."—*Medical Counsellor.*

* * *

There is no doubt that sensuality is the greatest vice of our country. And it is on the increase. We are prosperous; prosperity brings luxury. Sensuality follows as sure as effect will follow the cause. Ruin of character, health and all that is noble have always followed unbridled sensuality.

As physicians we must deal with this question. Not only the so-called "low classes," those whose systems have become saturated with specific germs and who are suffering from these loathsome diseases, the sight of which often makes even the strong shudder, not only these are suffering from the curse of sensuality, but thousands—yes, millions of others, whose "character is spotless."

It is a fact, you cannot lay actual acts of immorality at their door. They may never have yielded to illicit sexual practices. But they have lived in luxury. The exciting pleasures of life—in themselves not necessarily immoral—have been within their reach. They have enjoyed them. One excitement calls for another, and so things have gone on till they have drawn unreasonably on their store of vital energy until their nerve force is hardly able to sustain that terrible giant—sensuality.

Immorality and sensuality have always been related very closely. The history of nations is full of proof sustaining this assertion. We medical men speak of a neuropathical condition favoring sexual excesses and sexual perversion. That means that by and through the sensual life sexual excesses and common prostitution are favored. We see the results of this in every city and elsewhere. As physicians we are influential. Perhaps we can do much to mould public opinion and often can influence private life. Why should we not use our best efforts to stay the flood of sensuality that threatens to submerge our nation? What are we doing in this direction?

Not long ago it was reported that the infantile mortality in France is something fearful; 150,000 are said to die annually from tuberculosis. The excessive use of brandy and absinthe is named as one of the causes of this condition. If statistics of England and the United States covering this point were available, what would the results be?

* * *

Whether we believe, as Darwin did, that there is a "survival of the fittest," or not, there are many conditions that are a close imitation of this theory.

As examples we may look to the various claims that have been made for different methods of cure. They came, there was much ado about them, but it proved to be a great ado about nothing. After a short time, they disappeared. They were not fit to live.

Homeopathy has claimed the right of existence for more than a hundred years. It has been maligned, opposed, persecuted and ridiculed. Efforts have been made to throw it out of court, and then it was thought that it could be laughed out of court. And yet it is here. Persistent in life, it is also persistent to forge way ahead and to force recognition. It has succeeded. The probationary stage is over. Now we must see that we maintain our standing.

In view of these facts, it is a misfortune that there is so little effort to gain for us what we could have if we presented a solid front against all attempts to reduce or keep it in bondage. Instead of being discouraged, we should deem it an honor to be a homeopath. Instead of belittling the efforts made to educate and equip students, we should remember that in our colleges is taught everything that is necessary to practice medicine from the "regular" standpoint, and much more.

In traumatic rupture of the intestine, in rare cases, pain and the evidence of inflammation may at first be surprisingly slight, and even the escape of a considerable amount of intestinal contents within the abdominal cavity has not prevented some patients from walking long distances. Yet, in such cases collapse ensues rapidly as a rule, and death may occur quite suddenly.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

Rosedale, Kas., exacts a license from practicing physicians.

Dr. S. F. Edgar, of Zanesville, Ohio, died July 10, aged 74 years.

Wonder what Brother Edgar thinks of Teddy's phonetic spelling reform?

Dr. W. J. Gates, of Kansas City, Kas., spent two weeks in August in Colorado.

Dr. H. P. Gilstrap, of Kansas City, Kas., has returned from an extended Eastern trip.

At the Chicago Emergency Hospital none but homeopathic internes will be employed.

Dr. Amos Baldwin, of Kansas City, is taking a two-weeks vacation in the Northwest.

Dr. Maclay Lyon, of Kansas City, was called to Holton, Kas., in consultation early this month.

Dr. Goodwin, of Riley, Kas., was in Kansas City last month, having brought with him a case for operation.

Dr. Mark Edgerton has returned to "that dear Kansas City" from a period of rest at Monegaw Springs, Mo.

Dr. S. D. E. Woods, of Wilsey, Kas., was in Kansas City a few days ago, visiting with professional friends.

Dr. Luella Z. Rummel, of Kansas City, has returned from a five-weeks vacation, spent at St. Louis and Cincinnati.

Dr. Leora Norris will open a maternity country home at her residence at the old Shawnee Mission, near Merriam, Kas.

Dr. Burton Haseltine, of Chicago, and Mrs. Mary Parshall, of Evanston, Ill., were married August 25. Good luck. Newly wed?

Dr. Fred D. Northrup, who has been practicing at Galena, Kas., will soon remove to Joplin, Mo., where opportunities are greater.

Dr. Jay B. Smythe, of Holton, Kas., has a fine new four-cylinder automobile, which he uses to good advantage in his practice.

Dr. M. S. McGrew, of Holton, Kas., has been seriously ill at his home from an attack of acute rheumatism complicated with gastritis.

The clinical facilities at Kansas City Hahnemann have been considerably increased this year, which makes this a very strong feature of the course.

Dr. Geo. A. Dean, of Kansas City, is spending a month catching big black bass in White Lake, Mich. He will have some new stories when he returns.

There will be no meeting of the Missouri Valley Homeopathic Medical Association this year, as the American Institute meeting was held so late.

Dr. W. E. Cramer, of the Medical Forum, is attending the American Institute and International Homeopathic Congress at Atlantic City this month.

Dr. and Mrs. Wm. J. Allen, of Beloit, Wis., are the parents of a girl, born August 20. Mrs. Allen was formerly Dr. Jessie Temple Petrie. The Medical Forum extends congratulations.

On the inner side of the cover of the Medical Forum will be seen the faculty list of Kansas City Hahnemann. It will be seen that the faculty has been strengthened this year by the addition of several good men.

Dr. W. A. Forster is using the new subarachnoid method of analgesia for operations at his clinic at the General Hospital for the students of Kansas City Hahnemann. The results have been very satisfactory.

A new ordinance has been prepared and will be introduced in the council at Kansas City, Mo., which will contain the main points of the Hepburn pure food law and in addition will include strict regulations for the retail trade. It will be effective January 1, the same time as the national law.

Each and every homeopathic physician in Kansas City and immediate vicinity is urgently invited to join the Kansas City Homeopathic Medical Society. The dues are \$1 per year and the meetings occur monthly. The society is doing a good work and it should have the united support of the profession.

Prof. E. M. Perdue, professor of bacteriology in Kansas City Hahnemann, has been engaged as an expert to examine the asphaltum pavement which is being relaid in Topeka, Kas. He has made his tests the past two weeks in an improvised laboratory in the city hall at Topeka. Each batch of asphaltum is tested to see that it comes up to the standard.

Kansas City is the gainer by Dr. John V. Lynn's arrival in the city. The doctor is a graduate of Chicago Hahnemann, and has since taken post-graduate work in the Rochester Homeopathic Hospital and at the Metropolitan Hospital of New York. The doctor has established himself in offices in the Argyle building, Twelfth and McGee streets. He will lecture in Hahnemann, which is also good news.

On September 19, at Philadelphia, a prominent Pennsylvania financier was instantly killed by the X-ray. He had previously been examined by physicians and his heart pronounced perfectly sound. The X-ray was applied obliquely on the left side of the throat, two inches below the ear, for an affection which had been diagnosed as cancer of the throat. The patient was apparently in the best of health otherwise. The instant the X-ray was turned on, the patient stiffened and rolled over dead. The direction of the rays was directly through the heart. This is the first case on record of instant death from X-ray, and it is being thoroughly investigated.

Kansas City Hahnemann Medical College opened for the 1906-07 session on Wednesday morning, September 12. Lectures began immediately after the formal opening. The faculty has been strengthened by the addition of several efficient professors and lecturers. The course, too, has been arranged in a way to suit the best interests of the students. This will be a banner year for Hahnemann, for with the return of the old students there is the addition of a fine large bunch of freshmen and sophomores. The evening classes will be continued as in the past two years. This gives office men an opportunity to attend night classes and thus begin a medical education.

Much of the credit for the fine showing and improved arrangements this year is due to the dean, Dr. Frank Elliott, and the registrar, Dr. G. W. Smith.

Last year Kansas City Hahnemann gained a larger number of students than any other homeopathic college in the world, according to the statistics compiled and published by the *Medical Century*, Dr. W. A. Dewey editor. With the large increase this year, it bids fair to maintain that reputation another year.

On Monday evening, September 17, the faculty gave the annual reception to the students at the college building, 1020 East Tenth Street. The arrangements were in charge of Dr. E. H. Merwin. Short addresses were made by the dean and other members of the faculty. Refreshments were served and a general good time had.

THE DOCTORS' LIBRARY.

"Before and After Surgical Operations." A treatise on the preparations for and the care of the patient after operations. Including homeopathic therapeutics. Written with special reference to the needs of the general practitioner and the hospital interne. By Dean T. Smith, B.Sc., M.D., professor of surgery and clinical surgery, University of Michigan, Homeopathic Department, Ann Arbor. 260 pages; cloth, \$1.25 net; postage, 8 cents. Philadelphia, Roericke & Tafel, 1906.

One of the glaring defects of our text-books on surgery is that they give very little information on how to prepare the patient for a surgical operation and how to meet the various complications that arise after that ordeal. We may safely say that the beginning surgeon has many questions that these books do not answer. Why not?

This book does fill a vacuum in this branch of professional activity. It is not large—we wish it were larger. That is because that which it says is so practical and interesting, so in keeping with common sense and experience, that a desire for more of it is natural. It is, though a small book, not the work of one man. The author secured the help of such eminent authorities as Dr. Royal S. Copeland, who speaks of the eye and ear, and Myrta M. Woodson, who gives information on dietetics. Other aid has been rendered the author, for which due credit has been given.

One of the features that are of importance is the fact that considerable space has been devoted to the presentation of homeopathic therapeutics. This enables many practitioners to find what is wanted without delay. We firmly believe in the greater efficiency of our remedies and have often felt the necessity of more detailed and modern presentation of those remedies which homeopathics have found so reliable.

We bespeak a rapid sale for this book.

"The Test Drug-Proving," of the Ophthalmological, Otological and Laryngological Society. A re-proving of belladonna, etc. Price, \$5.00; postage prepaid.

This is the volume which has been so extensively advertised. It is certainly a production that will be of great value to scientific medicine. Never before, perhaps, has such a series of provings, investigations and experiments been made in regard to any single drug.

The work has been done in a manner that seems to be above reproach. There are fifty-three different persons who acted as experimenters. These have been carefully chosen and only after a very careful physical examination were they allowed to enter upon the work. And when they were at work they were under constant supervision, so that not only have we the report of symptoms as recorded by the provers themselves, but also the results of careful physical examinations made by specialists in the various departments.

The importance of such careful methods cannot be overestimated. We have here reports that are more complete and reliable than any before made. Therefore the results of this research will help to a better understanding of that important remedy, belladonna.

We have a very extensive literature on belladonna. But there is very little that is obtained in a really scientific way, as we look upon these matters at the present time. We have but comparatively few "Drug-Provings." The effects produced by toxic doses of the drug may be an interesting study, but are they a proper guide for clinical work? No, for they are usually exaggerated in character, and therefore would fit only exaggerated cases, such which are perhaps beyond hope of recovery. They throw no light on those cases that belong to the class of ordi-

nary sickness. And yet here it is that the appropriate remedy can do its work, when indicated, and when administrated in cases of moderate severity, these may be kept from entering into the stage of greatest danger.

Our existing literature is a wonderful mixture of clinical observations, results of poisonings and pure drug-proving. That has detracted from their value, and as there is no visible dividing-line between these various classes, a great deal of uncertainty and confusion has resulted. Allen's Encyclopedia cites over 200, and 14 cases deal with the results of poisonous doses; 64 were the effects of liniments, overdoses, plasters, etc.; only 41 are real provings.

In this book we have a narrative of all that was felt or experienced by the prover and of those changes that were established by the medical examiners. We are now able to compare these symptoms, and when found in the story of a large number of provers, they lose the character of being merely accidental. For instance, the pulse-rate was increased in 25 provers and decreased in 5. This shows that if anything is accidental, or due to individual idiosyncrasies, it is the decrease of the pulse-rate.

We also have in this work, following the narrative, a summary of results, and following that a comparison with the results as found by former provers, which forms an interesting part and is worthy of being studied carefully.

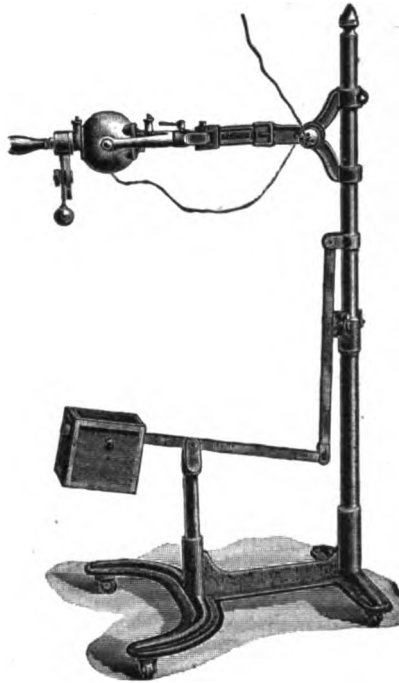
The work of Dr. S. C. Fuller, pathologist to the Westborough Hospital for the Insane, is of great value, for he experimented with the drug on animals and showed the effects on the tissues of the body. If some criminals, deserving execution, were available for such experiments, it would not only be more interesting, but the information would be much more valuable. As it is, the reports of autopsies are a very desirable contribution. We hope that other remedies will be taken up in a similar manner, even though many years elapse before a considerable number of them be thus reprovén; yet we hope that the work begun will be carried forward with energy and yet with that deliberation which makes exact work possible.

We are not informed whether or not the plates of this book have been preserved, so that in the future it may be placed on the market in the regular way, but it is to be hoped that such is the case.

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THE MEDICAL FORUM

A Monthly Journal Devoted to the Interests of the Medical Profession.

Vol. III. KANSAS CITY, MO., OCTOBER, 1906. No. 10.

ORIGINAL ARTICLES.

POST-OPERATIVE REST.

BY J. L. ALEXANDER, M. D.

Professor of Surgery, Hahnemann Medical College, Kansas City, Mo.

At a recent demonstration of the use of tropa-cocaine at our City Hospital the lecturer gave considerable time and voice to the so-called after-effects from the use of chloroform as an anesthetic.

The mistaken attitude of the doctor tempts me to reopen a subject which, while it should be familiar to the practitioner, I fear is not put to practical use. The value of certain expedients to produce post-operative comfort is ignored, and the patient leaves the hospital with the firm conviction that the most discomfort experienced came from the after-effects of the chloroform.

This impression causes many people to decline to undergo operations that are necessary until such time as the procedure becomes imperative.

Nausea.—With modern expedients, the nausea, the thirst and the pain may be reduced so that it is a hardly noticeable factor in the history of the case.

The subject of chloroform nausea has been a matter of deep study since the advent of that day. In recent years it was discovered that inhalations of cider vinegar allayed the nausea, probably by neutralizing the free chlorine which irritates the mucous membrane of the passages. I make it a gen-

with admiration and a desire to emulate a noble example. I know that my father would have died for the woman he loved, and that knowledge thrills my soul and strengthens my arm in defense of those I love. I believe that babe, instead of inheriting a tree and clutching a limb, inherits a kingdom and is instinctively grasping for the scepter lost by its kingly father. We can cultivate the habit of thinking well of ourselves and well of others and the crop will pay.

All good habits will pay a premium upon the care and labor bestowed upon them. After awhile they become part of nature and need no care—no attention, no cultivation. Give them a good start and they will take care of themselves and take care of us. A bad habit grows as luxuriantly as a good one, clings closer than a brother, and is a clog and chain for which he who formed and forged it has himself alone to thank. Good or bad, as formed they stay and accelerate or impede our progress—lend wings to endeavor or handicap us in the race of life.

As straws indicate the direction of the wind, so do the habits of a medical student indicate his future character as a physician. It is said that every man is three men—one what he thinks himself, one what others think him, and one what he really is.

It is well to entertain a good opinion of one's self, better that others entertain it of us, and better still to deserve it. What others think of us is reputation. Character is what we are. Love of approbation may induce us to strive for a good reputation. Regard of duty will enable us to form an irreproachable character.

"Habit is an internal principle which leads us to do easily, naturally and with growing certainty what we do often."

Habit is the warp in the web of life and runs through every pattern ever woven by any man or woman in this world. It becomes second nature, becomes a part of existence; characteristic of the individual as the color of his eyes, or shape of his nose. If any of you young folks fancy that you can toy along with some little pet indiscretion, lead it around like a woman does a poodle, cut the string and let it go when you get tired of it, permit one who has passed along your road a little ahead, and picked up a pet or two, to tell you that you

can't do it. I will not say you cannot, but you will not. You undertake to shake that dog once he gets attached to you! No, sir! You cannot.

He will be at your heels when you come to the river. He may become a nuisance, but he'll stay, and he will grow from the diminutiveness of a poodle to the dimensions of an elephant. Listen! Don't start with him! If as students you form careless, idle or vicious habits, they will grow with your growth, strengthen with your strength, harden with time, and remain with you through life. If you ever break away, it will be by the grace of God and a mighty human effort. I shall not attempt to specify or catalogue the habits to be avoided. It would be an insult to you to mention gaming and liquor, and an insult to tobacco to class it with such company, and yet I hardly know how else to classify it, and so say nothing of these vices, but simply call your attention to a few of the minor mistakes, not moral crimes, but impediments rather, to the successful and rapid prosecution of your studies.

The first on my list is inattention; perhaps the most common, most inconvenient and most easily acquired of any that may beset you. To the student listening to didactic lectures, inattention is the bar to progress. It is difficult to keep the attention fixed; the entrance of a tardy student or the whisper of an idle one may divert it. A mental contrast of your mother's pies with boarding-house hash may lose you the best part of a lecture. It is so easy to allow the mind to drift back to the old home and the folks at home. God bless the old folks at home! Don't neglect them, write to them often, cheer them with reports of duty done, and encourage them with prospects of a bright future when they can rest upon you the burden of their weary lives. Your father has borne the burden and heat of the day and your mother's tears have fallen and her prayers ascended for you. Study when you study, but when study is over, don't forget the old folks. Your mind during the lecture-hour may even stray back to the young folks at home, especially to one of the young folks; *e. g.*, that pink and pineapple of perfection, the golden-haired, blue-eyed divinity who exchanged hearts with you last summer, or who perhaps took yours and gave hers to the other fellow. Never mind, young

man; if you have her heart, make yourself worthy of it; if you have it not, there are other hearts. I know that this best girl question is a serious one. I had to settle it for myself, and I settled it five or six times—each time to my entire satisfaction. If the girl had been satisfied, I should have been all right. I believe in matrimony. I hope that every young man here has not a best, but an only girl; an only girl, if only good, is good enough, and there never was and never will be an influence like that of a good woman for keeping a young man straight. Aye! we believe in matrimony, don't we?

The long straw should draw in the lottery of life the best that life holds for a man—a good wife; and a woman be certain in bending her beau, to bend him, or break him, or else let him go. Don't lose sleep, gentlemen, nor lose lectures; you can get any girl you please—if you please her well enough. Inattention is a negative habit, attention a positive one. Attention means interest, interest means industry, industry means success.

An industrious man is successful because his interest compels attention to his business. If you are not industrious, you are in the wrong pew. You are the round peg trying to fit yourself into the square hole. You have chosen the wrong profession. You should have chosen the law, or the ministry; you should be a merchant, or mechanic, a farmer, blacksmith, shoe cobbler, cowboy—anything in which you can be or can become interested.

There are no lazy women, and I never saw a lazy man; I have heard of him, but don't believe in him. I knew a fellow who had the reputation of being lazy, but he was the best coon-hunter I ever saw. He was not afraid of work; he would lie down by it and go to sleep—sleep all day and hunt coons all night. Tramp, tramp, tramp to the music of the hounds through the darkest night, over rock and stump and fallen tree, at the peril of life, regardless of toil. But he wouldn't work. He was never so happy as when chasing a coon, unless it was when he caught him. His home rotted down and he moved into the barn. The barn was good enough for him, and as long as pawpaws and persimmons ripened and 'possums fattened he was sure of a living, and life was a luxury. He swapped a milch-cow for a shot-

gun, traded his last horse for a cavalry saddle, watched his father's patrimony, the little hill farm, wash away, and rejoiced when it was gone, for it relieved him of responsibility. He was not lazy, but he was no farmer. He had chosen the wrong vocation. Had he lived in a country where fur-bearing animals abounded, he would have been a John Jacob Astor.

I cannot overstress the importance of acquiring habits of order and method in our studies, or, rather, in the plan of acquiring knowledge, and the disposal of it, so that it may be within convenient reach when needed.

We say that we forget things, but we don't. No one ever forgot anything. Things get tucked away in some out-of-the-way nook or corner of the brain, or covered up by something else, but not lost, not forgotten. What we need is method and order in the mental warehouse. We gather things indiscriminately, all sorts, toss them in a scoopful at a time, any way, any how, no method, no system. Shove one thing back to make room for another, which is in turn pitched aside to give place to something else. We need a system of arrangement, a plan of ticketing, labeling, marking and then placing things where they can be seen. There are shelves enough in every shop to keep every article in plain view. All we need is a system of arrangement which will make the occasion of need for an article suggestive of it, and of its place and position, so that we have no occasion to search for it.

A great time-saver is the habit of learning to know a thing when we learn it. If we understand a proposition the first time we hear it, we know it then as well as we ever will or ever can. There is no need of repeating a lesson over and over in order to commit it to memory. If we will not undertake too much, we can retain what we learn, and by and by form the habit of retaining everything worth knowing that we read or hear.

I know a lad of twelve years who will read a book, sit down and re-write it almost word for word, provided, of course, he has been interested in the reading. As a boy your numble servant formed the bad habit of conning a lesson over and over. That was the way I was taught. I learned the multiplication table that way, by rote—I mean that's the way I tried to learn

it; I don't know it yet. But I tried faithfully and tearfully. The multiplication table loomed up an ominous cloud on the horizon of my eighth summer and has been thundering and lightening ever since. I wore out three arithmetics trying to learn it, and the teacher wore out the lower branches of a hickory tree trying to teach it. Ray's Arithmetic, Part Third, has never been allowed a place at my fireside, and never shall. It awakens memories too painful for contemplation. I never think of that old yellow-backed book without a shudder, nor see it without dodging a blow. It was the *bête noir* of my early existence. It contained other troubles beside the multiplication table. I had to go through that old book and commit the rules before I knew a divisor from a dividend, a multiplier from a multiplicand, or one thing from another. As for the words "quotient" and "subtrahend"—well, I never did get over them! I consigned Mr. Ray, the author of that book, to eternal perdition, and have hardly yet quite gotten my consent to help him out. I am opposed to capital punishment, but would make an exception in the case of a man who could write a book like that for a boy. As for Cook—my teacher's name was Cook, and I believe he deserved it. If he had been a cook by trade instead of a teacher by profession, he would have done far less harm, for mental dyspepsia is the worst possible form of that disease, and the viands that he served were calculated to produce it in its worst form. You think me prejudiced, as perhaps I am, and prejudice is another bad habit. It is an ill wind, however, that blows no good, and that man's teaching inspired me with a righteous indignation towards sham teachers; incapable teachers filled me with sympathy with the student, and a desire to enliven his road, make his way plain and his path as pleasant as possible.

I wish someone would formulate a plan for labeling, ticketing and arranging our mental commodities, so that what is wanted could be had without going to the bottom of the trunk or moving everything in the shop.

Your trouble you will find to be, not so much a lack of learning as a misplacement of the knowledge you gain. You will be aware of having acquired at some time the particular information of which you stand in need, but, for the life of you, you can't tell just what it is nor where it is. The strategic time will

pass, you will stumble onto that bit of knowledge next day, or next week, and call yourself a fool for not having had it at command.

Habit not only makes reputation, but shapes life and forms character. Methodical habits, orderly habits, habits of observation, punctuality and diligence are mental habits necessary to the successful study of medicine, and I need hardly add, to its successful practice. I mention medicine because it is with this grandest and best of human pursuits that you are concerned. The statement holds good in any profession or vocation of life. It is not necessary to study all the time; it is not best to study all the time. The mind as well as the body needs relaxation and repose. You cannot hold your arm at right angles with your body two minutes without tiring the muscles. Work when you work, play when you play, but don't mix them, any more than you would mix remedies, and on your life don't do that, nor allow it to be done without protest. Defend your faith. Your faith is worth defending. Defend it wisely, judiciously, but earnestly and enthusiastically. Some medical skeptic will smile at your enthusiasm, but if you are permeated with that earnestness which the cause of Homeopathy deserves and demands of you, his incredulity will not stand before your faith. "Faith is the substance of things hoped for, the evidence of things not seen;" and things unseen are greater than those which do appear. Faith removes mountains, and faith must stand in the place of knowledge until knowledge is obtained. The man of faith is an earnest man, he cannot help it. You cannot labor in a cause when faith is not the substance. "Sub" means under, and "stance" to stand, and faith must stand under and support all work. The Great Apostle to the Gentiles said: "Show me your faith without works and I will show you my faith by my works." No faithless man can be an earnest man, and nothing can take the place of earnestness. The greatest of English writers says that one of his golden rules was "never to put my hand to anything upon which I could throw my whole self." "Accident and circumstances may furnish the sides of the ladder upon which some men mount, but the rounds of that ladder must be made of stuff to stand wear and tear, and there is no substitute for thorough-going, sincere earnestness."

The senior class will doubtless have hands full and hearts full, but to the freshman, sophomore and junior I conscientiously and cordially commend that author, especially his favorite child, David Copperfield, and to all of you the first dozen sentences of the chapter captioned "Mischief."

Indeed, there can be no substitute for earnestness. If one believes, he must be in earnest. Do you believe that Homeopathy is the law of cure. If you do, you will compel others to believe it.

Ah! friends, we have undertaken a grand and glorious work, but one of tremendous responsibility. What we want to make, allopathic physicians understand is that drugging is not healing; that physiological doses are not medicinal, but poisonous; that chemical experimentation is not reliable; that medicine is a science; and that law governs the administration of remedies. Some of our own, I grieve to say, have stopped short of the arcana. We must lead them gently, lovingly, into the sanctum sanctorum, show them the ark of the covenant containing the commandments, and then let them know of the development of remedial power by the liberation of life force, and then prove the kinship of life, in plant, in mineral and in man.

This is but a hint of our duties as homeopaths, as physicians; our moral obligations are so tremendous as to be appalling. No man, not even God's own ministers, gets so close to the heart of humanity as the physician. You will be made the repositories of secrets most sacred. Your opinion and advice will be sought upon subjects and about matters involving character, aye, and even destiny. You will scarcely have been in practice a twelve-month until some unfortunate girl, wild-eyed, terror-stricken, a possible candidate for suicide, will appeal to you for help. You will know your duty. Do your duty; do no wrong, but shield that girl! Save her reputation! Show her and convince her of the awful crime of murder, and then, as if she were your sister, do your utmost to screen her from the pitiless gaze of an uncharitable world.

Not only do physicians minister to the body, but full often comes the opportunity, as the soul plumes its wings for flight, to drop some word of comfort and encouragement. Yours will be the duty to minister to aching, breaking hearts, and yours

the privilege, when hearts are tender and susceptible by reason of affliction and bereavement, to proffer that solace brought to brighten this world with hope, by Him who sympathized with sorrow and wept with grief.

Advice like this I know would be more appropriate after your Alma Mater has pronounced you capable of entering upon the duties of the profession to which you aspire. But perhaps I shall not see you then, and I do so feel the importance to you of recognizing early in your careers as students the responsibilities which as physicians you must assume, and the obligations you must discharge.

If then you persist in your determination, continue your course, receive your degree, accept the responsibility and discharge your duty to truth, to conscience, to man and to God, not through fear of punishment, nor yet in hope of reward, but for Duty's own dear sake, eternity shall compensate your sacrifices in time, and heaven reward your labors on earth. Time is but an island between two boundless oceans—the Past and the Future—eternities both. Man, the mariner, upon his island home, builds day by day the boat that shall bear him to the port called "heaven" or sink to the fathomless abyss.

What boots the storm if we build the vessel staunch and true? If we learn our craft from the Master Builder, we shall weather the blast if it blows, or sail under cloudless skies, over smooth seas, above depths paved with treasure.

A NEW ANESTHETIC.

BY CHAS. OTT, A.M., M.D., KANSAS CITY, KAS.

Anesthesia through chloroform or ether has never been quite satisfactory, especially in cases of minor surgery. Patients who have undergone surgical work dread it often more than anything connected with the operation. Therefore extensive researches have been made to discover something that would fill the place and bring the freedom from pain without the headache, nausea, vomiting and external and internal evidences of severe shock.

It is reported that Dr. Lanphear suggested for this purpose the use of the following:

- R. Morph. sulph., gr. 1-4.
Hyoscine hydrobrom., gr. 1-100.
Cactine, gr. 1-67.

This preparation is put up for hypodermic use. The directions are: Inject a tablet and wait an hour; then repeat, and in 15 to 20 minutes the patient is ready for the work.

What does practical application and clinical experience teach? Is it a failure or a success? Let me relate the last month's experience:

Case I.—Mrs. ———, aged 73, recurrent cancer. Small lymphatic nodules were to be removed. Injection was made as directed; the patient was in profound sleep; though she would at times move her hand when the knife or needle pierced the skin, she remembered nothing about pain. The operation was made about 8 p. m. She slept till next morning, awoke and felt well.

Case II.—Mrs. ———, had lateral placenta previa; fetus had shown no signs of life for three days. Repeated chills and flooding made evacuation of the womb necessary. Anesthesia was given as directed. During work of dilatation she would wake up, but not manifest signs of pain. Though work lasted several hours, yet less than 2 drams of chloroform were necessary to keep her perfectly quiet. No after-effects.

Case III.—Miss ———, curettement. Administered according to directions; chloroform was not necessary. The patient realized no pain; slept for some hours, and awoke without after-effects.

Case IV.—Mrs. ———, aged 52, curettage and removal of suspicious growths from the womb. The patient did well, while but a slight dose of chloroform was given to keep her perfectly quiet. Respiration became slow, dropping to about $4\frac{1}{2}$ a minute; under the use of strychnia sulph. danger disappeared. After about five hours' sleep, she awoke, feeling well.

Case V.—Miss ———, removal of enlarged cervical glands. When we arrived the patient was playing on the piano, and after that kept up a lively conversation as long as she could. Administered as directed. About 2 drams of chloroform were needed

to make anesthesia complete. After sleeping several hours, she awoke feeling good.

Case VI.—Mr. ———, age 60, hemorrhoids. Administered according to rules. Anesthesia was complete. About a dram of chloroform was used. The patient slept about eight hours, and awoke feeling well.

Case VII.—Mrs. ———, 40 years of age, curettage, perineorrhaphy, laparotomy—breaking up adhesions and ventro-suspension. About 3 drams of chloroform were used. Anesthesia was complete. The patient slept about six hours, and was somewhat nauseated.

Case VIII.—Mr. ———, appendectomy. About 3 drams of chloroform were used; complete anesthesia. The patient was sitting behind the stove when the doctors arrived. He had been very much excited. Results were good.

Observations:

1. This anesthetic is easily administered and pleasant in its action, simply producing the feeling of sleepiness. During its action respiration and the heart's action are normal. The Hippocratic countenance of prolonged chloroform anesthesia is wanting.
2. The action is prolonged, lasting 2 to 6 hours or even more. There is no need of hurry in the work because of the fear that the patient will not "stand the anesthetic any longer." At first the pupils dilate slightly, becoming normal as time progresses.
3. There are seldom any unpleasant after-effects. In one case of the eight we had slight nausea. But the unquenchable thirst and shock from the anesthetic and the headache are not present. When thirsty, the patient may be given more to satisfy the same, because the stomach is less irritated.
4. The patient should be quiet before it is given, and kept quiet after the same, or else the effect will be greatly less.
5. As many patients require much more morphine to bring results, it may be necessary to give an extra dose of this drug if full effect is desired. But my practice has been to reinforce the same by a small quantity of chloroform. The quantity necessary for this is very small; often a few drops will quiet any remaining excitability. A third dose of the drug might be still better.

6. Strychnine is said to be the antidote in these cases. Of course there may be other symptoms which would require different drugs or manipulation.

The writer hopes that many of the profession will not only try this combination, but report results. Without being enthusiastic in the matter, he can see in it a great help in surgery, and believes that if given during labor, it will lessen suffering very greatly.

A STORY WITH A MORAL ATTACHED.

BY G. W. SMITH M.D.

Professor of Mental and Nervous Diseases, Kansas City Hahnemann Medical College.

V. S—, aged 8 years. This little girl, who was in the third grade of the public school and was so far ahead of her class as to be threatened with the fourth; was suddenly taken with convulsions shortly after retiring. This took the form of a clonic spasm, with apparent loss of consciousness, and lasted one and one-half hour, from which the child emerged suddenly, saying, "Where's my dollie?" with which she began to play as if nothing had occurred. The day following, she had three such convulsions, screaming and tossing on the bed, apparently frightened at something in the room. Attempts to quiet her served to make her worse. The bowels were constipated, and the urine scant, one day less than four ounces being passed.

After a week of this, I saw the case in one of the convulsions. Deep pressure over the abdomen seemed to cut short the attack.

A thorough examination was suggested and readily consented to, and ten days after the commencement of the attack she was placed under chloroform anesthesia, and it was found that the hood of the clitoris was closely adherent to that organ. The rectal sphincter was very firmly contracted.

The clitoris was unhooded, and the sphincter dilated by means of the fingers, with the result that for the week following the operation, while the patient remained in the city, she had no recurrence of the convulsions, and her general condition improved from day to day.

Two factors were responsible for this condition. The official irritation would undoubtedly have caused some trouble later in life, but it would not have occurred at this time had it not been for the pernicious practice so common to-day of crowding children forward in the public schools.

This morning as I came down town on the car, behind me sat two women whose conversation attracted my attention. Said one: "Willie is in the third grade, and him only eight years old, and Mrs. B——'s boy is eight and hasn't started yet." "I think," said the other, "it is a shame to keep children out of school so long, for when they do start they lose interest, they are so far behind the others of their own age, and the children make fun of them. When they start at five or six they are so interested and learn so rapidly."

Here we have the gist of the whole matter, pride, foolish, murderous pride, the same sort of pride which would impel parents to dress their children in gauze and send them out in the snow if others did it.

Isn't it about time for the medical fraternity to take some action in this matter, and make it possible for children to have a chance to be boys and girls before they are scholars, and nervous wrecks?

SELECTIONS.

THE ACTION OF TRYPSIN UPON THE LIVING CELLS OF JENSEN'S MOUSE TUMOR.

(A Preliminary Note upon a Research made with a Grant from the Carnegie Trust.)

The experiments were undertaken to determine in the first place three points: (1) the action of trypsin upon the living cells of a carcinoma such as Jensen's mouse tumor; (2) to test the truth of the conclusion advanced by me in 1902 that cancer was irresponsible trophoblast; and (3) the length of treatment and number of injections of trypsin necessary to destroy the tumor.

The inoculations from a Jensen mouse tumor were made by Dr. H. Wade on October 10, 1905, and the first injections (into

the tumor mass) were commenced on November 15. By this time some seven or eight mice had well-marked tumors. Of these two were taken for treatment, and along with them was placed a "control mouse," which was living when the second "trypsin mouse" was killed. The remaining stock of mice with the tumor may also be regarded as controls.

After ten days, when four injections in all had been made into each mouse, one of them was found dead by the laboratory servant. The post-mortem examination made by Dr. Wade revealed no cause of death. But for the presence of a tumor mass the mouse appeared to be quite healthy. The laboratory attendant thought that it had got caught between the cage and food vessel, and so (when intoxicated) had caused its own death. The microscopical examination demonstrated that every single cell of the tumor was in degeneration, fully half of them being represented by shapeless masses of particles, probably remains of nuclei, and all the rest were mere skeletons of cells. Even these seemed in very many cases to be crumbling and falling rapidly away, as though in a hurry to quit the scene. The somatic tissues of this mouse, as represented by the leucocytes and connective-tissue stroma cells, were quite normal and in the following instance also.

In the case of the second "trypsin mouse" the treatment was continued until Thursday, December 7. In this period of twenty-two days in all nine injections of trypsin were made. On this day one of the other control mice, but not that living with the "trypsin mouse," died of its tumor, and it was then resolved to kill the "trypsin mouse." The tumor was at once exposed, an incision made into it, and the whole with a piece of skin preserved in 5 per cent corrosive sublimate. Before the mouse was killed it was noted that the skin over the tumor was in necrosis. At the time this was set down to phenol in the trypsin solution, but afterwards it was ascertained that the solution contained no antiseptic of this kind. In the case of the control mouse, which died of its cancer, the tumor was quite as large as the terminal phalange of a man's thumb, while in that of the second "trypsin mouse" it was only as big as a lentil. Microscopically, this latter apology for a tumor was in advanced degeneration, shrinking away to nothingness, and quite harm-

less. It appeared probable to us that, at the time we killed it, its cure for cancer was not far distant, and the microscopical examination confirmed this opinion. Even without further treatment, the tumor would in all probability have been absorbed shortly or its remains cast out.

The experiments will be resumed as soon as the stock of mice with tumors has been replenished.

Though the number of experiments is small, already they have established what in advance I knew that they would. This degeneration of an asexual structure (a malignant tumor of trophoblast) under intestinal (tryptic) digestion I have witnessed again and again in past years. The experiments were not needed to convince me that trypsin would cause a cancer to degenerate in the same way that it does that of the trophoblast, etc., in normal development. How such a conclusion can be arrived at is, I know, a mystery to many. It is solely by the use of the comparative morphological and physiological method, of which my departed friend, Professor George Bond Howes, was so ardent an exponent.

In advance I know that, no matter how often we repeat this experiment, even with much smaller doses, the like results will invariably be obtained. In the nature of things it must be so, for in the cancer ferment, malignin and in trypsin we have an antithesis of ferments, of which the latter is the more powerful. For reasons which cannot be entered upon now, it appears to be certain that the action of trypsin upon the cancer cell is to pull down the cancer albumin (a living substance) and the cancer ferment (malignin) produced by this. Apart from its origin and apart from the parasitic theories proper, the extant theories of the nature of cancer come under three headings: germinal or gamitoid, trophoblast or asexual generation, and embryonic or somatic. In addition to their confirmation of the conclusion that trypsin is the substance which will destroy the cancer cell with ease and without danger to the individual (Beard and Shaw-Mackenzie), these experiments go far to prove that in its nature cancer is neither germinal nor somatic; for trypsin, the architect of the soma, does not in life destroy the soma or sexual individual or its sexual products, whilst its action is direct and utterly ruinous upon trophoblast or asexual generation.

—*British Medical Journal*.

RECIPROCATING MEDICAL BOARDS—MEDICAL STATE BOARD FEES.

Reciprocating Medical Boards.

Colorado reciprocates with States offering equal standards of education and moral qualification.

Connecticut reciprocates with States giving an examination equivalent to its own.

Delaware reciprocates with New Jersey, Virginia, Illinois and Maryland.

District of Columbia reciprocates with States having equivalent requirements.

Georgia reciprocates with States requiring the same standard and recognizing Georgia certificates.

Illinois reciprocates with Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Nebraska, New Jersey, Ohio, North Dakota, South Carolina, Wisconsin and Virginia.

Indiana reciprocates with Michigan, Wisconsin, Nebraska, Nevada, Ohio, Iowa, Kansas, Illinois, Maine, Kentucky, Maryland and New Jersey.

Iowa reciprocates with Colorado, Wyoming, Nevada, Kansas, Nebraska, New Jersey, Maine, Delaware, Maryland, Virginia, South Carolina, Georgia, Michigan, Illinois, Indiana, Ohio, Missouri, Kentucky, South Dakota, North Dakota, Minnesota and Wisconsin.

Kansas reciprocates with States whose standards of qualification for practice are equivalent to its own.

Kentucky reciprocates with the District of Columbia, Georgia, Illinois, Indiana, Iowa, Oklahoma, South Carolina and Wisconsin.

Maine reciprocates with States whose standards of education are equivalent to its own.

Maryland reciprocates with Delaware, District of Columbia, Georgia, Illinois, Iowa, Indiana, Kansas, Maine, Michigan, New Hampshire, Nebraska, Ohio, Oregon, South Carolina, Texas, Vermont, Virginia, Wyoming and Wisconsin.

Michigan reciprocates with Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, South Carolina, Virginia, Wisconsin and Wyoming.

Minnesota reciprocates with Illinois, Iowa, Kansas, Michigan, Maine, Maryland, Missouri, Nevada, New Jersey, Nebraska, Ohio, South Carolina, South Dakota, Wisconsin and Wyoming.

Missouri reciprocates with States whose standard of requirements is equal to its own.

Nebraska reciprocates with Michigan, Indiana, Iowa, Maryland, Minnesota, Georgia, Wisconsin, Kansas, Illinois, Ohio and Wyoming.

Nevada reciprocates with Indiana and Texas.

New Hampshire reciprocates with States whose standards are equal to its own.

New Jersey reciprocates with States whose educational examining and licensing requirements are equal to or higher than its own.

New Mexico reciprocates with States having like requirements.

New York reciprocates with New Jersey and Michigan.

North Dakota reciprocates with States maintaining standards not lower than its own.

Ohio reciprocates with Illinois, Indiana, Maine, Maryland, Michigan, Minnesota, Nebraska, New Jersey and Wisconsin.

South Carolina reciprocates with States having equal requirements.

South Dakota reciprocates with States having equal requirements.

Texas reciprocates with New Jersey, Indiana, Georgia, Iowa, Nevada and Virginia.

Utah reciprocates with States having an equal standard.

Vermont reciprocates with Maine, Maryland, Michigan, New Jersey, North Dakota and Wyoming.

Virginia reciprocates with Illinois, Indiana, Nebraska, Michigan, Maryland, Delaware and South Carolina.

Wisconsin reciprocates with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, New Mexico, North Dakota, Ohio, Oklahoma and South Carolina.

Wyoming reciprocates with States having equal requirements and issuing licenses on the same terms.

Medical State Board Fees.

Alabama—Examination fee, \$10; certificate and registration fee, \$1.

Arizona—Examination fee, \$10; certificate and registration fee, \$2.

Arkansas—Examination fee, \$10.

California—Examination fee, \$20.

Colorado—Examination fee, \$25.

Connecticut—Examination fee, \$15; certificate and registration fee, \$2.

Delaware—Examination fee, \$10.

District of Columbia—Examination fee, \$10; certificate and registration fee, 50 cents.

Florida—Examination fee, \$15.

Georgia—Examination fee, \$10; certificate and registration fee, 50 cents.

Idaho—Examination fee, \$25.

Illinois—Examination fee, \$10; certificate and registration fee, \$2.

Indiana—Examination fee, \$25; certificate and registration fee, 50 cents.

Indian Territory—Examination fee, \$10; certificate and registration fee, \$1.50.

Iowa—Examination fee, \$10.

Kansas—Examination fee, \$15; certificate and registration fee, \$3.

Kentucky—Examination fee, \$10; certificate and registration fee, 50 cents.

Louisiana—Examination fee, \$10; certificate and registration fee, \$2.

Maine—Examination fee, \$10; certificate and registration fee, \$2.

Maryland—Examination fee, \$15.

Massachusetts—Examination fee, \$20.

Michigan—Examination fee, \$25.

Minnesota—Examination fee, \$10.

Mississippi—Examination fee, \$10; certificate and registration fee, 25 cents.

Missouri—Examination fee, \$15; certificate and registration fee, \$1.

Montana—Examination fee, \$15.

Nebraska—Examination fee, \$25.

Nevada—Examination fee, \$25.

New Hampshire—Examination fee, \$10.

New Jersey—Examination fee, \$25.

New Mexico—Examination fee, \$25.

New York—Examination fee, \$25; certificate and registration fee, \$1.

North Carolina—Examination fee, \$10; certificate and registration fee, 25 cents.

North Dakota—Examination fee, \$25.

Ohio—Examination fee, \$25; certificate and registration fee, 50 cents.

Oklahoma—Examination fee, \$10.

Oregon—Examination fee, \$10.

Pennsylvania—Examination fee, \$25; certificate and registration fee, \$1.

Rhode Island—Examination fee, \$10; certificate and registration fee, \$2.50.

South Carolina—Examination fee, \$10; certificate and registration fee, 25 cents.

South Dakota—Examination fee, \$20.

Tennessee—Examination fee, \$10; certificate and registration fee, \$5.

Texas—Examination fee, \$15.

Utah—Examination fee, \$15.

Vermont—Examination fee, \$15; certificate and registration fee, 25 cents.

Virginia—Examination fee, \$10.

Washington—Examination fee, \$25; certificate and registration fee, \$1.

West Virginia—Examination fee, \$10.

Wisconsin—Examination fee, \$10; certificate and registration fee, \$5.

Wyoming—Examination fee, \$25.

THE TREATMENT OF COLLES' FRACTURE.

In a recent number of the *Medical Brief* Dr. Wm. B. Church makes some pertinent suggestions concerning this condition. The doctor evidently is not bound by any old traditions as regards his surgical work.

It is my plan in dressing a fracture of any locality to take into consideration: first, the tendency to deformity, depending on the character of the fracture, and on the musculature at the point involved; then, second, apply the dressings so as to overcome the tendency. If this plan is carried out, each case becomes a distinct study in itself.

Dr. Church's article follows:

"The most frequent of all fractures, and the one most frequently ill-treated and yielding unsatisfactory results because of partial disability and deformity, is Colles' fracture.

"The treatment of Colles' fracture may be summed up in two words, 'correct adjustment.' By the application of extension and counter-extension the deformity seems to be removed, but when the force is relaxed the deformity returns. The reason for this is that the fragments are not brought into line by simple extension and counter-extension. The distal fragment overrides the proximal.

"In order to bring these into line and accurately adjust the fracture, the hand should be flexed upon the forearm while extension is being made, and drawn at right angles until the lower fragment is dragged down so that when extended it will be in line with the upper fragment when the hand is extended. Then if the arm is laid on a flat surface, the 'silver fork' deformity will not recur. If it does recur, it is evidence of incomplete reduction, and if the dressing is applied before complete reduction, there will be a swelling and pain, and this of itself will be further evidence of incomplete reduction. The operator should never be satisfied until the arm, without any dressing, retains its normal contour, and there is freedom from pain.

"In the great majority of cases the arm is dressed when only partially adjusted. Then there will be a painful, tedious convalescence and stiffness, and deformity remains indefinitely.

"Some surgical authors claim that a certain degree of deformity necessarily follows Colles' fracture, even under the best treatment. I take issue with all such statements. I have demonstrated in repeated instances that there need be no pain after the arm is dressed, and slight stiffness of the fingers

when the dressing is removed, and no deformity subsequently.

"The above is not presented as a wholly original suggestion, but it seems justified in view of the fact that the majority of cases of Colles' fracture are still treated so badly, and the suffering is so great and the disability and deformity are still shown after such treatment as is applied.

"The attention of the general practitioner should still be called to this most frequent of all deformities, and it should be understood that successful management involves three things: correct adjustment, cessation of pain immediately after such adjustment and during convalescence, and complete absence of deformity.

"Of the many different forms of splint which have been devised for treatment of this fracture, the pistol-shaped splint is, perhaps, the most frequently used. If the fracture is perfectly adjusted, even this splint will not prevent a good result; but it serves no useful purpose, tending to increase the displacement of the lower end of the ulna, and, by enforcing a constrained and unnatural position, causing stiffness and deformity. It should be discarded. An incomplete adjustment cannot be improved by any such clumsy device. There is little tendency to displacement; a pasteboard splint applied to the palmar surface of the forearm, extending from the bend of the elbow to the metacarpo-phalangeal articulation, is sufficient. A pad fixed diagonally across the lower end on the inside, over which the fingers can rest, will make it comfortable. A roller bandage completes the dressing.

"Three weeks is sufficient time for this dressing to remain, and the use of the limb can be resumed without risk, and instead of great suffering and complete disability for months, as frequently happens, there will be no suffering, and convalescence will be reduced to within one month."

HAVE YOU TRIED

Sepia for the soreness in the abdomen of pregnant women?

"They feel the motion of the child too sensitively; especially applicable in nervous hysterical women."

Alumina for constipation?

"Has to strain even to pass a soft stool. The rectum seems paralyzed; the mucous membranes are dry, the stools clayey."

Apis for threatened abortion?

"During early months stinging pain in ovarian region until labor pains ensue; much flowing and then abortion."

Cimicifuga for neuralgia?

"In brachial plexus, coming on in fall and winter, better from heat and massage. Parts feel sore and bruised."

Cantharis for burns?

"Put a few drops of the tincture in water and keep the parts moist until the pain ceases."

Kalmia for a slow pulse?

"In the third dilution kalmia will bring up a slow pulse or reduce an abnormally rapid pulse. Think of it when your indications do not point directly to another remedy."

Balsam of Peru for infected wounds?

"In crushed and contused wounds fill the parts full of this drug and you will be pleased with the results."

Argentum nitricum in sour, flatulent stomach?

"Great craving for sweets; ineffectual attempts to vomit; great distension."

Compound tincture of benzoin for chilblains?

"Paint the parts night and morning. The drug acts beautifully in cracked nipples. Bathe in sterile water and apply after each nursing. A good prophylactic measure."

Psorinium in headache?

"Left-sided; accompanied by hunger; eating relieves."

Bovinine in treating ulcers, lupus, etc.?

"Cleanse the wound thoroughly and apply gauze saturated in bovine and keep there."

Amyl nitrite in tetanus?

"Inhale during the convulsion."

Apomorphine in hysteria?

"1-12 grain hypodermically will relieve the majority of cases."

Another good prescription:

R. *Tr. draconium foetidum*, oz. ss.

Tr. capsici, oz. ss.

Tr. lobeliae, oz. ss.

M. Sig.—One teaspoonful at a dose. Repeat if necessary.

THE MEDICAL FORUM.

A Monthly Journal Devoted to the Interest of the Homœopathic Profession.

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EDITORIAL.

UNIFICATION OF MEDICAL SCHOOLS.

That the American Medical Association so changed its course and attitude towards the eclectics and homeopaths as to put one of their number on its board of directors and invite them to join their society on liberal terms is something for which we should be devoutly thankful. Indeed times have changed.

As a matter of fact, it is expected that the invitation will be received with thanks. The proposition is not one of mere form. Results are desired and expected. The aim is to bring the various societies under the guidance of one great society, the American Medical Association. This would indeed be a very powerful organization.

It is very flattering to us poor exiled homeopaths to be patted on the back by a smooth, well-trained representative who proceeds to unfold the advantages of combining for "self-protection and self-elevation." No wonder that the honor offered awakens a desire to comply with that invitation.

And yet, are matters ripe for execution? Should we go and go now? Or had we better await developments.

We rejoice that the day of tolerance has come. It is universal in our day. Bigotry is on the wane and good-will and fellowship can be enjoyed as freely now as never before.

We see less of persecution now in the world than did our predecessor. Fraternity is the watchword, concentration of power and unification of purpose the aim.

But is this a matter of fraternity? Are we to unite to have a good time, or because we are good fellows, or because we can gain influence? It seems not. We do not stand for business or fraternity, but for a principle. Our friends are very careful not to acknowledge the correctness of our principle.

We quote some pertinent remarks on this point from the *Pacific Coast Journal of Homeopathy*:

"The gist of the matter, the life of the entire question, lies, not in what our old-school friends think of us personally, but in their attitude toward *Homeopathy*. So long as they have no respect for Homeopathy itself, but are merely willing or even anxious to have us go into their district and county organizations, we must, as men of sense and out of respect for the habits of polite society, go in, if at all, with a ready and unqualified acceptance of the fact that, while nominally with them, we are with them on tolerance, and we must for the time being forget that we are homeopaths in therapeutics. This might answer well enough in one sense, but a great deal of self-denial would be necessary to keep a believer in the homeopathic law reasonably content and at the same time never have him make a nuisance of himself when the small matter of a personal belief or experience happens to come up. Our friends of the old school can afford to be generous in this matter, for they take absolutely no chance; they cannot be the losers, and they have the consolation of knowing that every such member gained, if of no great value to themselves, weakens the homeopathic organizations just that much."

There is more than a latent fear in the minds of those of our professional brethren who possess both the power to think

and to foresee coming events by the shadow they cast before, that the final result of this union would be the dissolution of our school as an independent and influential body. There could be no more fight for our law, for the preaching of sectarian medicine would be prohibited. What would become of our colleges? And that long list of medical journals, now a credit to our school, where would they be? It is a known fact that without medical journals and well-equipped colleges there would be no possibility of any aggressive work for the promotion of the cause we stand for.

Perhaps it would be to the benefit of the "regular school" of medicine to have the homeopaths form a separate body. For by such competition they would act as a stimulus. Nearly all larger bodies are lazy, and only when there is a stimulating factor, compelling them to work, can stagnation be avoided. Let honest strife, real competition, continue to exist, and thus increase the activity, which might otherwise not exist.

The time for union has not yet come. Let them first recognize our law as a fact and not a fad. Let them accept us as practitioners that employ homeopathic medicines and methods.

Until all these questions are answered and the doubts cleared up, there will be no general stampede in the ranks of the homeopathic profession to join the societies of the "regular school." Let us wait and see what the future will bring.

WHAT ABOUT LEPROSY?

In past years the American medical student considered this subject as one of minor importance because there were no lepers in this country and leprosy was not expected to ever gain a foothold in this land of ours.

But conditions have changed. Not only have our foreign acquisitions made it more probable that the increased commercial intercourse would also increase the danger of infection, but it is said that now there are or have been cases of leprosy in twenty States of our Union. That makes leprosy a disease that may befall those in our land as well as many of those long known among us.

At present many of those afflicted in this terrible manner have been foreigners. Of the 278 cases reported in 1902 as found in the various States, 145 were native born. But what is of more importance is the fact that there are no uniform and adequate provisions made for the isolation and care of these unfortunates. Humanity demands that they be taken care of, our own safety makes it necessary that early and efficient quarantine regulations be made and faithfully carried out.

Our National Government should be in control of these matters. Congress could provide a healthy home, well isolated and provided with all means of comfort, to relieve the terrible condition of these unfortunates.

Various other benefits would result from such measures. There would be a possibility of relief and even the cure of this disease. The method of transmission could be studied, and perhaps, as a consequence of this, the spread of the disease checked. Many aliens that now are being transported to this country could be returned whence they came, under the rules of the immigration law. And finally, there would be a great saving of money to the people, for one single colony could be kept up with less expense than the amount that would be necessary to maintain twenty or forty such institutions.

By these means the danger of contagion would be lessened. There is no doubt that leprosy is a communicable disease. Infection develops very slowly in the individual. Where the disease is neglected the number of cases increase much more rapidly than is the case in those countries where measures of prevention are put into practice. There is a leper colony in Louisiana. Although the same has been in existence for more than ten years, yet not a single case has been contracted by any attendant nor any person in the neighborhood of the colony. Who knows if this condition of utter hopelessness may not be greatly modified and hope be brought even to dark places?

CHANGE OF BY-LAWS OF THE AMERICAN INSTITUTE.

The action taken by the American Institute of Homeopathy, changing the by-laws of the association so that it is no longer necessary to be a member in good standing in the State society

in order to become a member of the Institute, may be welcomed by many, but it is very doubtful if it is calculated to further the cause for which these societies stand. And more than that, it will not bring membership to any of these societies.

Our forces will never be fully organized unless we have a system of societies or circles. We should have and need county and city societies, and when these are in a thriving condition, then a strong national society will be a possibility. Men who do not care enough for the cause to belong to a local society will also lack in interest and training required for Institute membership. They will be without those qualities which are necessary to constitute a useful member of the societies that represent Homeopathy. It seems that this action will prove to be a step backward. We cannot commend it.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

Dr. H. C. Menkel, of Denver, has gone to India to take charge of a sanitarium.

Dr. T. H. Hudson has returned from a business trip of two weeks at Wichita, Kas.

Kansas City Hahnemann will close for the Christmas holidays on Saturday, December 22.

Dr. F. W. Melchers, of Hanover, Kas., has left there, and it is said that he is in Old Mexico.

Dr. A. Whilock died at his home in Wichita, Kas. He was a graduate of Pulte Medical College.

Dr. Benj. F. Bailey, of Lincoln, Neb., was in Kansas City a few days ago on a short business trip.

Another case of leprosy has been discovered. This time it was a Chinaman in Portland, Oregon.

Dr. B. B. Andrews, formerly of Kansas City, is now located at St. Louis, being affiliated with a sanitarium there.

Dr. Thomas Skinner, the famous potency fellow, of London, is dead. He died September 11, at the age of 81 years.

The pest-house in Ironton, Mich., has been subject to burglary. A considerable amount of bedding has been stolen.

Dr. Lew Carter has located at Washington, Kas. He was formerly at a small place near there, but wanted a larger field.

Dr. Maclay Lyon has removed his residence to the Independence Apartments, 2435 Independence Boulevard. Both telephones, East 599.

A man applied for admission to the General Hospital of Massachusetts for treatment. Close examination proved it to be a case of leprosy.

Judging from the report received at the office of the State Board of Health, tuberculosis, typhoid fever and diphtheria are on the increase in Kansas.

Send in your \$1 for membership in the Kansas City Homeopathic Medical Society. The secretary, Dr. Maclay Lyon, will be most happy to receive same and mail a receipt.

For the next meeting of the Kansas City Homeopathic Medical Society, Dr. T. H. Hudson is chairman. The meeting will be held early in December, probably Tuesday, the 4th.

Dr. R. A. Williams, who was formerly at Wichita, Kas., has gone on a farm several miles west of Kansas City, Kas., where he will get lots of fresh air and treat the country folks.

Dr. H. P. Gilstrap, whose office is at 528 Minnesota Avenue, Kansas City, Kas., has removed his residence to the Missouri side, being at Twenty-fourth Street and Troost Avenue.

As a result of eating a kind of highly-colored candy, known as "jawbreakers," more than fifty children have been ill with a disease, having the same symptoms. One of them died.

Dr. S. L. Blair, who has a fine practice at Trinidad, Colo., is compelled to move to a lower altitude and will sell all or part of his office equipment to a successor. Dr. J. C. Wise, the homeopathic pharmacist, says that this is an excellent opportunity for someone.

Dr. E. G. Linn, formerly of Mount Pleasant, Ia., who has been in London for the past six months, has located in Denver for the practice of eye, ear, nose and throat as a specialty.

Dr. C. A. Wherry, the only homeopathic physician in Ogden, Utah, wishes to sell out and leave. The population is 25,000, and the doctor says the practice yields from \$150 to \$175 per week.

Trachoma seems to be very prevalent in New York city. In some parts of the city about 75 per cent of the school-children are afflicted by it. In the city of Brooklyn the proportion given is 25 per cent.

At the April examination of the Missouri State Board of Health there were 214 applicants; 188 of them passed the ordeal. At the session held in August the number of applicants was 94, 67 of whom failed.

In the city of Chicago there were reported for the first nine months of the year 21,651 deaths, an increase of 916 as compared with the same period last year. Cancer was the cause in 1,002 cases and tuberculosis in 2,444.

Dr. F. A. Roberts, of Chicago, was in Kansas City recently, the guest of Dr. John V. Lynn, at the Densmore Hotel. While here he instituted a chapter of the Phi Alpha fraternity in Kansas City Hahnemann Medical College.

Dr. Frank C. Titzell, formerly professor of surgery in Hering Medical College, Chicago, has been elected to the chair of surgery in Iowa State University, and has taken up his residence at Iowa City. He succeeds the late Dr. Gilchrist.

Missouri needs a secretary of the State Health Board, such as Kansas has. Dr. Crumbrine, the Kansas secretary, is a hustler from away back. He is conducting a vigorous campaign against adulterated foods and unsanitary conditions.

Dr. W. J. Gates, of Kansas City, Kas., had a narrow escape from death recently in an automobile accident. He and his wife were riding in his new automobile when it ran on an obstruction, wrecking the machine and throwing the occupants out on the pavement. Both were slightly injured.

In the town of Castroverde, Portugal, there were found to be 127 cases of leprosy. As the nature of the disease had not been known and no quarantine measures taken, there may be many in the surrounding country who are infected.

Dr. T. R. Gammage, who has had office and residence at 2331 Lister Avenue, has opened an office at Twenty-fourth Street and Brighton Avenue, in a new building, the first floor of which is occupied by a pharmacy. Home telephone, East 2177.

The Medical Age and *Medicine* have been combined and will be published at Detroit under the new title of *The Therapeutic Gazette*. Harry Skillman is business manager and E. G. Swift publisher. Drs. Hobart A. Hare and Edward Martin are the editors.

New officers of the Mississippi Valley Homeopathic Society are: president, Dr. W. F. Spencer, Geneseo; vice-president, E. J. Ward, Rock Island; secretary and treasurer, Dr. W. F. Hunt, Davenport. The next meeting will be held at Davenport, Iowa, September, 1907.

Someone played a practical joke on Dr. E. H. Merwin, of Kansas City, recently, by putting in the Kansas City *Star* an announcement of his engagement to Miss Nettie Wells, or at least the doctor claims that it was a joke. However, there are those who believe that the notice was authentic and that good old Dr. Merwin will soon take unto himself a wife. Here's our hand, doctor; for if you can get the girl, you're a lucky man.

A FAIR TEST OF CALCALITH.

From Dr. Toland, down in Texas, comes the statement: "There's nothing surpasses calcalith (Abbott). I gave it a fair test two weeks ago in a patient who had cystitis, prostatitis, urethritis and gonorrheal rheumatism and was passing 'matter' (pus and blood) with his urine. He surely was in a bad condition, but calcalith with other alkaloidal remedies (calcium sulphide and tonics) soon brought him around all right."

THE MEDICAL FORUM

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ORIGINAL ARTICLES.

SUB-ARACHNOID ANALGESIA.

BY W. A. FORSTER, M.D., KANSAS CITY, MO.*

Professor of Surgery at Hahnemann Medical College.

We have now used this method enough to prove its efficacy and disprove any harmful results from its judicious use. It is evident more and more, from reports in the standard medical journals, that casualties and bad results are becoming more prevalent from the use of chloroform and ether; at any rate, we are constantly finding out bad effects from them, both immediate and remote, and especially is this true with reference to remote manifestations in the shape of heart, kidney and liver degeneration. I quote the following from an extract in the November (1906) *Clinical Reporter*: "Chloroform anesthesia, which for long years was supposed to be practically free from late effects, is presenting a constantly increasing number of *bona-fide* cases of late fatalities. These usually assume the general symptomatology of acute atrophy of the liver, and are not amenable to the usual methods of treatment." Scarcely a day passes that we do not read in our medical journals of casualties and long descriptions by firm believers in chloroform and ether as the only anesthetics, of how to administer them safely, how by long, tedious preparatory treatment the patient may avoid dangers from them, how to meet and combat these dangers, and how best to treat the terrible thirst, nausea and awful long

continued vomiting. If they are so mild and harmless, why all this talk?

Dr. Alexander cures all the nausea with inhalation of vinegar; but does he? Dr. James Taylor Groathmey, of New York, devotes several pages of the *Journal of the American Medical Association* to a description of how to administer chloroform and ether safely by means of an elaborate and cumbrous inhaling apparatus. One thing I like about his method is warming the anesthetic prior to administering. I consider this a great advantage. Those of us who do any surgery in the country and have to depend upon an incompetent country doctor (not that all country doctors are incompetent, but few of them are, from the very nature of things, competent to administer an anesthetic) know how very trying an ordeal it is to operate under his anesthesia and how many hairs turn gray during such an operation, and how many hair-breadth escapes we have had. Even if we have not actually lost any patients from chloroform, we have come so very near it that there has been no fun in it. The question now arises: Have we anything better to offer? Yes, most emphatically yes! namely, spinal analgesia. It will not be amiss for me to explain the method, and answer some of the questions *pro* and *con*.

A number of years ago Corning, of New York, and Tuffier, of France, started spinal analgesia. They injected cocaine and morphine, eucaïne, strophonine and scopolamine into the spinal canal. They dissolved the drug in sterile water and injected it into the back laterally about one-half to one inch to the side of the spinous processes. For fear of crowding too much into the arachnoid space, they generally withdrew as much of the spinal fluid as the amount injected. In order to relieve the severe pain produced by inserting the needle, they injected the surrounding subcutaneous tissues with cocaine. They and their followers had many failures and many bad results till you will find, as a rule, it has been abandoned in the East. Our Dr. McDonald, of Washington, reported his visit to France and Berlin and expresses surprise at seeing even abdominal operations performed under its use; but says Kocher, of Berlin, and others do not like it and report bad results from its use.

The reasons for their failures and bad results, such as death and paralysis, are obvious: First, they injected the wrong sub-

stance. Second, they used the wrong media as a solvent; we all know how readily sterile water or saline solution is diffused into the general system, and thus you get the general systemic toxic effects of the drug. Third, they injected it laterally, thus giving rise to pain; and were more than likely to wound the spinal nerve given out at the place of puncture, thus causing paralysis.

Now Dr. D. W. Morton, of San Francisco, has evolved tropo-cocaine; he inserts the needle directly in the median line (where there are no nerves) between the third and fourth or second and third lumbar vertebræ; as soon as the sub-arachnoid space is penetrated, the spinal fluid escapes through the needle; the glass hypodermic syringe (containing the sterilized tropo-cocaine powder) is attached and spinal fluid drawn into it, which promptly dissolves the powder and is re-injected.

By this method the normal staple spinal fluid is used and is not diffused into the general system. Dr. Morton has used it in upward of 5,000 cases during the past five years, with no bad results whatever.

We have used it in about 100 cases here, without the least bad effect.

We have had a few partial failures, owing to the fact that we over-sterilized our tropo-cocaine; but since we learned not to do that, the results have been everything we could desire.

There is no objection to feeding the patient prior to the operation, nor to giving him a drink during the operation, nor food and drink immediately after.

It produces no nausea. It does not affect the heart; you need not fear giving it—whatever the condition of the heart may be.

It acts particularly well in rectal operations—no spasmodic breathing or reflex muscular contraction. It seems to affect the rectum and perineum first, though any part of the body or head can be operated upon under its influence.

Should you wish to operate upon the upper part of the body or head, it is well to place the patient in the Trendelenberg position for a few minutes, and the insensibility to pain will be perfect.

The dose is generally $1\frac{1}{2}$ grains, but in prolonged and severe operations we give double this quantity. The effect lasts from an hour and a half to three hours.

Should it fail to give perfect results, there is no contraindication to the use of chloroform whatever, and it will be found that only a very few drops will be required.

THE BALANCED RATION.*

BY DR. MACLAY LYON, KANSAS CITY, MO.

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This title might suggest the best process of fattening live-stock for market in the shortest time. My intention, however, is to urge a more careful study of the food question from a rational standpoint, as applied to the human system in health, as in disease.

The balanced ration for man has been variously estimated by the experts in the terms of calories, meaning the amount of combustion which different articles of food yield in a stated time. It was formerly demonstrated and accepted as true that the human body required in twenty-four hours an amount of food which would yield 3400 calories. Or, in plain terms, it was said to require about 4 ounces of protein, 2 ounces of fat and 17 ounces of carbohydrate.

It remained for Horace Fletcher, a layman, to prove to the scientific world that the human system could be maintained perfectly on less than half the accepted amount, or 1500 calories, divided about as follows: protein, $1\frac{1}{2}$ ounces; fat, $1\frac{1}{4}$ ounces; and carbohydrate, $8\frac{1}{2}$ ounces.

These figures are good so far as they go, in calling attention to the oft-repeated warning that we eat too much. However, the purpose of this paper is not to emphasize this point, but to decry the consumption of an excessive proportion of carbohydrate by the laity, and unthinkingly prescribed by the medical profession.

The human body contains combustible elements in about the following proportion: protein, 18 per cent; fat, 15 per cent; salts, 6 per cent; water, 60 per cent; and carbohydrate, 1 per cent.

Does it not seem reasonable to suppose that if Nature considered carbohydrate of so great value, there would be more than 1 per cent stored in the body.

*Read before the Kansas City Homeopathic Medical Society, December, 1906.

We learn from the physiologists that carbohydrate gives energy, while protein and fat give vital strength to muscle and organ. In other words, likening them to the steam boiler, the carbohydrate represents kindling, while protein and fat are coal.

Have you ever stopped to think that the average person eats probably six times as much carbohydrate as protein and fat combined? What with breakfast foods, rice, mushes, potatoes, breads, crackers, macaroni, etc., people often subsist almost entirely upon carbohydrate, and without regard to what their bodies crave.

I agree with Hutchinson in the contention that pork is an excellent food, the vegetarians and shredded hair mattress enthusiasts to the contrary notwithstanding. Do not mistake my meaning. Pork is a highly nitrogenous food, which, having been prepared properly and eaten in reasonable quantity, yields much nutriment, but requires a longer time for digestion than many other foods. But, as Hutchinson suggests, why not give the stomach some good, hard work to do and allow it plenty of time for digestion? If it takes five hours to fully digest pork, then would it not be folly to eat the next following meal four hours afterward?

Carbohydrate in ordinary cases digests rather quickly. But, being highly combustible, it is therefore subject to rapid fermentation, which renders it unfit in many disorders of digestion and indeed other illnesses. I frequently find dyspeptics subsisting on a diet of carbohydrate food prescribed by their family physician, and they shudder at the bare mention of protein and fat, considering them horrible monsters.

I consider the prevalence of constipation in part due to excessive carbohydrate. The cellulose of vegetables is a waste product furnishing no nutriment, but acting mechanically to stimulate intestinal peristalsis and thus aid elimination. Yet, in the most of the starchy or carbohydrate foods this is either lacking or has been removed by the manufacturer.

Thus it happens that the intestine is packed full of a mass which fails to stimulate peristalsis, cannot be absorbed, and, gradually hardening, becomes a menace to health and life.

The balanced ration then, is a diet consisting of a reasonable proportion of protein, fat and carbohydrate, with salts and

water, for the healthy in general and the patient in particular. For the sick, carbohydrate should be given the label "23." It is a dangerous element, good in some ways, but requiring careful regulation.

In a word, I contend that we should cut down on the amount of carbohydrate food—all of us; and especially for those of our patients who are suffering from disorder and disease of the digestive tract. Give the stomach good, wholesome food in proper proportion, suitably prepared, selecting a dietary in which carbohydrate is reduced, and there will result a healthier and better nourished body, a purer and stronger mind, and a happier disposition.

POSTPARTUM HEMORRHAGE.

Few things may occur in the practice of medicine that so thoroughly test a physician's nerve and so much require immediate readiness for treatment as does postpartum hemorrhage. We should always strive to prevent the occurrence, for that is much better than the cure. To do this, be prepared to give ergot hypodermically on the shortest notice, or, better, give it, whether needed or not, as soon as the placenta is delivered; for a woman may bleed to death in five minutes and it will require ten to fifteen minutes to obtain its action, even if given hypodermically. Always see that the womb contracts well and keep your hand over it for some time after expulsion of child and placenta. Thereby most cases will be cured before they occur.

If they do occur within a short time after delivery, we may find one or more of four conditions the cause: 1. Uncontracted womb. 2. Injuries along the birth canal. 3. Foreign growths. 4. Ulceration of the parturient tract.

The treatment of occurring cases must be according to a settled plan and all measures must be applied with vigor, promptness and in rapid succession. If one or one and a half minutes do not bring marked improvement in the volume of the flow, employ the next method.

The *Medical World* (p. 429, 1906) presents a valuable summary of the treatment, which is here reproduced.

"1. Knead the uterus vigorously through the abdominal wall.

"2. Knead the uterus vigorously through the abdominal wall and pass the disengaged hand through the vagina to the fundus, kneading both inside and outside energetically, and sweeping all the blood-clots out of the uterus.

"3 Rub ice over the abdomen, or dash ether upon it. In the winter season snow may often be found upon the window-sill. Even a towel wetted with cold water and slapped upon the abdomen may be promptly efficient.

"4. Pass a piece of sterile gauze soaked in ordinary table vinegar to the fundus, and scrub the interior of the uterus well with it. In absence of sterile gauze, one is warranted in using *any* cloth, for if the hemorrhage has not responded to the treatment before listed, it is serious indeed.

"5. Pack the uterine cavity tightly with iodoform gauze or sterile gauze. If none be at hand, any cloth may be used. But it is criminal neglect to attend a case of confinement without having sterile or antiseptic gauze at hand.

"6. Hot water, thrown into the uterine cavity, will often act like magic, but it is often impossible to get the water quickly enough, and if it is at hand, there is great danger of burning the patient through the water being too hot.

"7. Monsell's solution, iodine, or turpentine may take the place of vinegar, but, on account of their vigorous action, firm clots are apt to be formed in the uterus, which predispose the patient to grave danger of septic infection, later."

DISPLACEMENT OF THE HEART.

Cardiac defects are nearly always accompanied by a displacement of the apex beat. If the apex beat cannot be found or clearly heard either reclining, sitting or standing, it may often be found by turning the patient on his left side. It will sometimes be so much displaced that it reaches the axillary line. The most pronounced displacement is found in cases of sclerosis of the aorta.

SELECTIONS.

IS THE LAW OF SIMILARS SCIENTIFIC?

BY W. H. LEONARD, M.D., MINNEAPOLIS, MINN.

The definite formulation of this law into the Latin, *Similia similibus curantur*, by Samuel Hahnemann, which law he knew had been recognized by Hippocrates and many others down through the centuries, was the formal establishment of the school of Homeopathy.

Little has been written since Hahnemann's time to explain the formula upon which we practice. But the experience of thousands in applying it to the healing of the sick has proven it to be true. Few of those thus experiencing its truth have stopped to ask the why and wherefore, or successfully explained the reasons for uniform drug action when applied according to this law. Neither have scientists successfully outlined the reasons for the existence of the law of gravitation, although it is possible that the one philosophy may explain both.

Because there has been no explanation of our law from a material basis, scientists and empiricists have scouted it as untrue. We who are constantly demonstrating that remedies cure when applied according to this law do not deem such a material explanation necessary, but are willing to abide by the facts of the facts of the cures. However, for the benefit of those who are not willing to put the law to the test of experience without some basis of previous explanation to stand on, let us search for a theoretical basis for the truth of the law of similars.

So-called science may be criticised for not comprehending all its relations with all other existences in the universe; in other words, for not being sufficiently exclusive.

No one will dispute these fundamental premises for our argument; all things exist in relation with all other existences in the universe; cause and effect act under one law, but on different planes of existence; we cannot exist without these relations, and they are with all things else. For instance, mathematics is a whole, yet it includes addition, subtraction, multiplication and division, which are parts of the whole. So the universe, or ma-

crocosm, exists as a unit, and all its parts, or microcosms, are added units to the one.

We are in nature surrounded by these various relations called cause and effect, yet we recognize that there is above Nature that which is a controlling influence in all her manifestations. What is this influence called in science?

Force. But again, there must be something above force as a cause. Science has ventured to call this something *motion*. Thus and no further has science spoken.

But the philosopher cannot stop here. He must find an expression for the activities of motion. We believe that the law of similars contains a hint of the explanation of the workings of motion. We have learned from its application that similars attract each other. May we not then state that attraction and repulsion are above motion, and therefore the reasons for its laws or rules of action?

Attraction makes use of heat, moisture and the atmosphere in the formation of all organisms, said attraction acting as a polarity in the structure of each storing up these similars; which similars may become a reserve, useful with proper knowledge in getting rid of similars which attack other organisms.

Therefore our proper study is the vital force and its activities. We have learned that it suffers from many attacks of what in medical parlance is called disease. Looking at disease from this standpoint, it may be the manifestation of stray attractions which have become our hostiles. These conditions are met by the dynamized similar from the mineral, vegetable or animal kingdoms, undoubtedly by releasing vitality and restoring the equilibrium.

Potency is the true field of cure, because we are dealing with infinitesimals as causes. "Cures" may be accomplished by topical and external means, but these "cures" are only temporary and deceptive as a rule.

The favorite theory of Dr. B. Fincke, of the "mutual actions" of bodies by the mediation of the "least plus" is, I think, better explained by attraction as the cause of motion. He exemplifies the grand persistence of the German mind in holding to the best there is at the time to express the truth or until the actual is found.

Here is a working hypothesis and at the same time a challenge to the materialist and empiricist to enter the field of dynamics and have their eyes opened to something beyond their present ken.

We ourselves may thus find a broader field of labor, and be able to discover other attractions, all acting in the same law of similars, since we believe there is no attraction without similarity.

Nature is our field; work with her laws and we will gain her friendship and much knowledge thereby, remembering at the same time that the cause-world is above Nature, acting under the same laws and directing all her manifestations.

Hahnemann went so far as to speak of "a spirit-like force." Let us not be afraid to say spirit, think spirit, and, even more, be spiritual. Then shall we learn something, for spirit is in the cause-world, in the world of attractions and repulsions, the causes of motion.

Let us seek some illustrations to substantiate this reasoning from the familiar material sphere in which we live and by which we are surrounded.

Some old mother from the proletariat discovers that a potato worn about the person will cure rheumatism. Why should she know so much and we so little? She is in a friendly attitude towards Nature and closely observes her manifestations. She has discovered one of the attractions—namely, the starch in the potato for the lime in the rheumatic subject, a "chemical affinity" to be sure, but another manifestation of our law.

The Mississippi steamboat men are often troubled with an accumulation of lime in the boilers, often a quarter of an inch in thickness, greatly interfering with raising steam. A barrel of potatoes put in the boiler will thoroughly take off this deposit—another application of the same law of attraction.

A battle royal between a toad and a spider is frequently to the disadvantage of the toad. He gets a poisonous bite from his antagonist. He blinks his eyes and hops away to his friendly plantain leaf, and is soon ready to renew his battle. How is it that this specimen of the lower creation should know more with only his instinct than the stuffed ones in medicine with their boasted learning?

"The wind bloweth where it listeth and thou hearest the sound thereof, but canst not tell whence it cometh or whither it goeth." This is an example of an attraction from the positive and negative states of the atmosphere. It may become a cyclone. Electrical energy is subject to the same law of similars between the positive and negative states. Earthquakes may be due to the seeking of equilibrium between similar states. A scientist suggests that the region between tide-water and the interior of California be connected by electric lines to establish this equilibrium, and thus prevent earthquakes. The recent heavy rains in that State may be evidence that a partially restored equilibrium was the cause of the desired wetness. In other words, attractions play an all-important part in controlling earthquakes and producing storms.

May not also the familiar "induction" disturbances of electric lines be due to attractions seeking their equilibrium?

Nature never lies. It is man who prevaricates. Or, as Emerson says, "Nature is pure, but man has fallen."

The prevision in the cause-world is the provision in the objective world that surrounds us. Nature provides everything for the cure of all ills of this objective world. Man is placed here to find these cures out and use them for his physical redemption from disease.

As we approach the "pronaos" of Nature's temple, we find two pillars, one on the right hand and one on the left, psychology and magnetism. The principles of these two we must understand before we can pass the pillars and attempt to climb the stairs of further knowledge.

What have we accomplished in the ages past but to sit down at the very threshold of the temple and in our selfishness ery out "quack"? It is difficult to say which is the worst, quackery or bigotry!

The common-sense country physician of fifty years ago cured as many cases of pneumonia as are cured to-day by the boasting advanced scientists. The advance in medicine is much overstated. It is mostly in diagnosis and the use of the knife. No attempt is made to learn anything of this law of cure; all are therapeutic nihilists.

It is high time for us to awake and show the world that we are scientific in the best sense in all our methods, and that in

Similia similibus curantur we have attraction and repulsion as the cause of motion, and therefore for force.

There are undoubtedly many attractions acting under this same law, if we will only search them out. One class is of creation, whereby everything was made. The other is redemption, or cures for the healing of the nations.

This demonstrated, it becomes true that "the law of God is perfect, covering the soul," as well as the body.

It is our bounden duty to preach this one religion of truth and to lead the people to the church of the divine humanity.—*The Medical Advance*.

THREE CASES OF PNEUMONIA.

BY GEO. E. CLARK, STILLWATER, MINN.

These cases are given for the purpose of calling attention to certain features of pneumonia too often overlooked. As homeopathic physicians we can ill afford to set aside therapeutic measures considered as most important by the founders of our school of practice; or lower the standard of magnificent results obtained by them in battling with all forms of disease affections.

Case No. 1.—This case is given to illustrate the statement of Hahnemann, that a dyscratic tendency is at the foundation of all pneumonias:

H. P—, aged 2, a fat plump boy, very cross and irritable, will not be examined, nor will he take medicine except at rare intervals. During the last five months has had a thick purulent eruption on hands and face; the whole left side of the face and upper lip were covered with a thick brown scab. The child picked these off, when they would bleed, and constantly ooze a watery fluid. The sores are offensive and itch much on first retiring.

When called the child had had fever two days, and I found a well-established pneumonia. The case rapidly assumed a severe inflammatory character, no doubt from the purulent infection. It became very serious and presented on the evening of the fifth day the following symptoms—temp. 103.6°, resp. 70, pulse 160. Exceedingly cross and irritable. Has taken only one or two doses of medicine since the previous night. Hepatization has taken place in the posterior aspect of the left lower lung. The breath-

ing is rapid, dry, and painful; grunts at nearly every breath. The stools are dark brown and very offensive. Will take nothing but water, which he drinks freely. Has eaten not more than two or three mouthfuls during the last five days: Aggravation of the fever from 12 p. m. to morning. Prescription sulphur c. m. 1 powder. The following day some improvement—had the best rest since his sickness. On the seventh day crisis occurred—temperature and respiration normal, except a slight roughness remaining. Cough is loose, and dullness at the base of the left lung is clearing up. The child slept well most of the night. The scabs are two-thirds gone from the face. No further medicine was given. The fever did not return. The lungs rapidly cleared up, and on the tenth day the face as well as the lungs had returned to a normal condition. Two doses of sulphur did the work.

The character of the eruption, the portion of the lung hepaticized, and the remedy employed prove the psoric tendency of the affection. Indeed, it is a rare occasion when some one of the antipsoric remedies is not needed to finally and fully clear up a case of pneumonia.

Case No. 2.—This case is given to illustrate the baneful results of applying local applications to the chest walls during this affection.

An elderly lady was taken very sick in a neighboring city, with symptoms indicating a severe attack of pneumonia. She was exceedingly anxious to be with her son in Stillwater, and was accordingly placed on a cot and brought by train to this city. Before leaving, her physician smeared her well with anti-phlogistine and gave the homeopathic remedy. I found the internal medicine well indicated, and marveled much that the patient steadily grew worse and worse. On the evening of the third day these symptoms presented: The patient showed marked symptoms of advancing age—thick build and relaxed fibre. Face deep red, almost purple. Coma pronounced, with difficulty can be aroused. Stertorous respiration, face bathed with profuse hot perspiration. Temp. 103°, respiration rapid and pulse full, but slower than would naturally be expected. Both lungs were much congested, and left little room for natural respiration. You will all say opium ought to have promptly reduced those symptoms. But it did not, and the case steadily grew worse; consequently I became satisfied there was something

interfering with the action of the medicine. Very promptly the antiphlogistine was removed, and replaced by a warm dry cloth. The result was prompt and immediate improvement of the symptoms, which continued till the crisis, which occurred on the seventh day. The lungs rapidly cleared up, and convalescence was established without any further medication. The strong drugs composing the external application no doubt antidoted the internal medicine, while the pasty salve excluded the air from the pores of the skin; doubly essential while the lungs are doing so small a portion of their accustomed service.

The third case will illustrate the deep and long-lasting effects of our antipsoric remedies, especially in removing all pneumonic deposits and in successfully opposing tubercular tendencies, such as are likely to offer.

Case No. 3.—D. W.—, aged $2\frac{1}{2}$ years. Leuco-phlegmatic temperament, pale face, large head, fleshy, bow-legged. Had much trouble during dentition. Mother of consumptive tendency. Was taken with a heavy chill; dry hot skin; rapid respiration and pain in the chest. Symptoms grew rapidly worse and on the evening of the third day the following presented: Temp. 104.2° ; the right lung hepatized. For repertory work these rubrics were prepared: (1) marked thirst, (2) burning heat, (3) perspiration, (4) rapid breathing, (5) appetite wanting, (6) continuous hacking cough, and (7) followed by vomiting.

Silicea and sulphur both contained all of these symptoms, but silicea was selected as best covering the general condition of the case. This remedy was continued for two days. The fever still remained between 104 and 105, but as there were few accessory symptoms outside the normal course, the medicine was allowed to complete its action uninterrupted. On the fifth day there was a change of symptoms. The cough became more harsh and dry, the skin dry and hot. There was a marked aversion to being washed or bathed; strong aggravation at night, the delirium being very wild and restless. Temperature reached 105° and upward. The whole right lung was dull on percussion. Clearly sulphur was the indicated remedy now, and was given in the c. m. potency, and, being so finely adapted to the case, was allowed to act uninterrupted till the night preceding the eleventh day, when there was a drop of the exceedingly high and continued fever to

a normal condition. At no time was there more than a fraction of a degree of rise of temperature thereafter. The harsh dry respiration became moist and in a few days that also cleared up, and has been well and hearty since, a period of several years now elapsing.—*The Clinique*.

COLCHICUM.

Dr. C. M. Boger, in the *Homeopathic Recorder*, gives the following notes on this valuable drug:

"All the *Melanthaceæ* induce muscular relaxation, coldness and collapse; the prostration of colchicum is so great that even the head is moved with difficulty, the lower jaw drops, the arms hang down helpless, the body slides down in bed, and the breath comes cold and slowly; the face is pinched and cadaverous with a cold sweat on the forehead, the nostrils dry and black, and the tongue stiff and unmanageable; the mind is so befogged that the sufferer does not appreciate his danger; like the *veratrum viride* patient, he has no fear of death.

"Powerlessness of the affected part is quite a feature, an apparently mild attack of rheumatism, for instance, will deprive the patient of the use of his limbs.

"The special senses become abnormally acute; a certain hyperesthesia appears, in which pains seem severe out of all proportion to their cause; every little blow hurts exceedingly; external impressions, like odors, light, noise, touch, bad manners of others, etc., make him miserable and put him quite beside himself. The mind takes on the same state, rendering the victim ill-humored and very intolerant of his sufferings.

"The mental and physical sensitiveness is very like the gouty state, but from its general action you must recognize that it can only fit the asthenic type.

"It has a violent action on the alimentary canal, with effects varying from choleraic symptoms wherein vomiting is excited to raising up, and cramps in the legs accompany the involuntary rice-water stools, to dysenteric manifestations with tympanitis and shreddy mucous dejecta, each stool being followed by spasms of the sphincter ani and tenesmus.

The most important other remedies having a shreddy stool are cantharis, colocynthis, mercurius cor. and rhus tox.

The gastro-intestinal symptoms are especially apt to be accompanied by nausea of provoked by the smell of food or loathing at the thought or sight of it; tympanitis is often present, in fact, the abdominal inflation of colchicum is so marked that Boenninghausen looked upon it as the main remedy for wind colic in cows.

"It inflames the kidneys, causing bloody urine and albuminuria; the pains in the kidneys are relieved by lying on the back and drawing the legs up. Subsequently dropsy may occur in any part.

"It has a special affinity for fibrous tissue and serous cavities; in the former rheumatic tendencies develop, in the latter effusion occurs. The whole picture shows how likely it is that dropsy will finally appear in a calchicum patient; its indications point to hydrothorax and hydropericardium.

"The colchicum patient is very sensitive to cold, and yet sweats with great ease, so that, with his tendency to rheumatism or inflammation of the kidneys, you will see that the approach of the fall season with its cold nights is a trying time for him; when the sweats are suddenly checked, he becomes sick, and dysentery or rheumatism with paralytic symptoms appears. The rheumatic pains wander about and are worse at night from cold, especially damp cold, from touch and motion.

"Sensations of coldness or burning predominate in the internal parts; sense of coldness in the stomach is very prominent. In the external parts tearing pains are in the ascendancy.

"Like the other Melanthaceæ, it excites much sneezing.

"It has the symptom, 'One pupil contracted, the other dilated.' Rhododendron has a very similar one.

"Spigelia antidotes many of its effects.

"We have for review then:

"1. Very sensitive smell, the odor especially of food nauseates him. Hyperesthesia of the special senses.

"2. Pains which are severe, out of all proportion to their cause.

"3. Paralytic symptoms accompanying the pains or from slight causes. Paralysis of the voluntary muscles.

"4. Great physical relaxation and tympanitis in dysentery, fevers, etc."

WHEN IT IS "CONSERVATIVE" TO BE "RADICAL."

Under the heading given, Dr. John C. Murphy, of St. Louis, in *Clinical Medicine*, makes some very pertinent suggestions. Too often "conservatism" means either "cowardice" or ignorance," or both. The doctor's able article follows:

"So much has been written of late about 'conservative' treatment of the uterine appendages that it has become difficult to distinguish between conservatism and patchwork. In surgery as well as in other fields of human endeavor patchwork is only a temporary makeshift which will call for more radical measures later on. Few women enjoy having themselves operated upon on the installment plan. I am well aware that there are conditions warranting conservative treatment of the tubes and ovaries, but at the same time my experience has taught me that many patients would receive more lasting benefit were radical instead of incomplete operations performed in certain cases; this is particularly applicable to those infections resulting from gonorrhea, but those following abortion and puerperal infections at term also sometimes must come under the rule favoring radical work.

"I recently witnessed several operations for the removal of diseased tubes and ovaries. In each instance the operator left the chronically diseased uterus behind, imbedded in a mass of adhesions, instead of removing the organ, which henceforth can be of no use and which always must remain a source of danger. Personally I cannot see the philosophy of leaving a diseased, functionless organ to continue as a cause of trouble for the woman (and incidentally the surgeon's reputation), when it can just as safely be removed; here it is far better to be 'radical.' True conservation of a woman's pelvic organs lies in the prophylaxis. Many cases of disease of those important organs can be charged to the stupidity or criminal negligence of some unclean midwife or equally dirty doctor. When we consider the marvelous change which takes place in the pregnant uterus with its increase in growth, vascularity and glandular activity, it causes us to wonder why infection of a grave character is not more frequent.

"A study of the physiology of pregnancy with special reference to the uterus and tubes should cause us to consider every case of labor as an event of major surgical importance and lead us to treat it accordingly. If infection occurs, there is no tell-

ing where it will end; possibly in the grave. It is sad indeed to feel that every death from puerperal sepsis could have been prevented.

"But even if the woman does recover from a pyogenic infection, she is frequently left with a uterus and appendages diseased beyond repair. Patients in this condition are sometimes subjected to curettage by some well-meaning but poorly informed doctor who looks upon the operation of curettage as a catholicon for all pelvic diseases; and such a doctor usually succeeds in making a bad matter worse. A more careful physician may detect the presence of tubal disease and refer the case to the gynecologist with the diagnosis of 'pus-tubes'; the specialist accepts the ready-made diagnosis, removes the tubes and ovaries, but pays no attention to the uterus, which probably needs removal as badly as the other organs. The uterus may atrophy to some extent after salpingectomy, but many of the patients with infected pelves will not be cured, but will continue to suffer almost as much as before, from pelvic pain, bladder-irritation, etc., and in addition to the nervous conditions incident to the abrupt occurrence of the menopause; whereas if a hysterectomy is made, there are only the climacteric symptoms to control.

"To leave the uterus after removal of the tubes in gonorrheal infection is to consign the woman to probable invalidism, to say nothing of the danger to her husband (if she has one) from the repeated infections he is liable to. Just such incomplete operations are performed every day by men who ought to and do know better. In the charity work in some of the large hospitals the operator frequently never sees the patients until they are wheeled into the operation-room, chloroformed and ready for operation, the diagnosis having been made by the house physician or some clinical assistant. If "tubal disease" is the diagnosis, the tubes are removed and no careful examination made to ascertain the condition of the uterus, which is frequently so infected as to give more trouble and pain to its unfortunate possessor, ultimately, than did the original pyosalpinx. It is only by following up the history of these patients year after year that we learn that the apparent 'cure' at departure from the hospital was but a temporary respite; fortunately, many of these women subsequently are cured by a secondary hysterectomy—"radical" surgery.

"Such work brings surgery into disrepute and prevents other women from seeking the relief they might obtain from more careful and better educated operators. I could record numerous cases in my own work and that of my friends where secondary operations of a 'radical' character had to be resorted to in order to correct the results of faulty 'conservatism' or inaccurate diagnosis. How much better it is to recognize the condition and needs at once.

"To briefly summarize: Prevention is the greatest conservative measure. Puerperal infection can be prevented. A man infected with gonorrhea should be prohibited by law from entering the married state; it is true, as the late Lawson Tait expressed it: 'While syphilis has killed its thousands, gonorrhea has killed its tens of thousands.'

"Once the tubes and ovaries become sufficiently diseased to warrant removal, I believe the uterus should be removed also. A functionless organ left in the pelvis acts as a foreign body and is a source of irritation. If it is diseased and adherent to neighboring organs, the resulting pain and discomfort defeats the object of the operation. In other words, the only conservatism worthy of consideration is that which puts the patient in the best condition to enjoy the pleasure of living. Lastly, the surgeon should not so readily accept the sometimes incomplete diagnosis of his medical confrère, but should combine the science of the diagnostician with the art of the operator."

THE BUBONIC PLAGUE IN INDIA.

The bubonic plague that broke out in the East some years ago has not yet ceased to be a menace to other countries, for it still rages in some parts of that territory. India has just now its "annual recrudescence." It is worse than usual. The death-rate is rising, showing that the present epidemic is either more widespread or more virulent than that of some years. It is severest in and around Bombay. The city of Poona, situated in the Presidency of Bombay, has passed through one of the most terrible outbreaks that ever occurred in India. In one day there were 175 deaths, and during one week the mortality was nearly at the rate of 300 per 10,000 inhabitants. Those who could get away have left, and of a population of more than 110,000 less than 50,000 remain. For the whole of India there were reported, in a single week in September (1906), 6,436 cases, with 4,945 deaths.

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KANSAS CITY, MO., DECEMBER, 1906.



EDITORIAL.

EXIT 1906.

This is No. 12 of the year 1906. With it The Medical Forum completes its third volume. Soon its probationary and problematical period will be over. It will then be regarded as an established journal.

The year has been a prosperous one. Did we simply share the general prosperity of our country, or did it succeed because of the earnest efforts of those engaged in the work to make it an excellent journal. While it is true that general prosperity is very helpful, it is equally true that even in times of prosperity only those succeed who do the right thing at the right time and in the right manner. Success is dependent on earnest and correct work.

Yes, we have made many mistakes, many more than we have noticed. Our ideal has not been fully realized. Will it ever be? If so, when? No answer is possible. Who was ever without fault? Whose work shows no imperfections?

There have been difficulties. They have been overcome. We have no accusations to make, nor complaints to enter against anybody. We have not been conscious of difficulties placed in our way, with the intention to do no harm. If we have enemies, they have been "in winter quarters" during the year. They have not molested us.

On the contrary, we must acknowledge the many kind words spoken of and for The Medical Forum. We do so cheerfully, wishing that we could personally thank those who have helped us succeed. It would not be a formal affair.

May our imperfections be covered up, and may those things done in a kindly spirit shine forth more and more as the years advance, for they are pleasant to behold and productive of much good.

HAPPY NEW YEAR—1907!

To all that love the truth, may there be added all that this expression implies. We desire happiness. May it be ours. May a kind Providence guide and help us at all times. May there be much joy and little sorrow. May the path of duty be always clear and may we cheerfully do what duty demands. In times of prosperity, may we be thankful and modest; and if adversity overtake us, may we never lack strength to endure what may be our lot. May every reader of The Medical Forum find this to be "*the best year of his life.*" May it begin favorably, continue pleasantly—and gloriously. Once more The Medical Forum says: "A HAPPY NEW YEAR—1907."

KANSAS CITY HOMEOPATHIC MEDICAL SOCIETY.

The Kansas City Homeopathic Medical Society met in regular monthly session Tuesday evening, December 11th, in Parlor S, the Midland Hotel. There were fifty-three present. Dr. T. H. Hudson was chairman. After some impromptu remarks by some of those present, the regular program was given.

Dr. Mac'aj Lyon read a paper entitled "The Balanced Ration," in which he stated that it was his belief that it was an universal custom of the American people to eat too much of the starches and sugars, or carbohydrate foods. His plea was for a better balanced food for both healthy and sick.

Dr. W. A. Forster continued his remarks from the previous meeting on the new spinal analgesia, describing in detail the technique of the operation and reporting cases.

Dr. J. M. Patterson was appointed to preside at the January meeting.

PATENT MEDICINES.

There will always be objections to the sale of all kinds of patent medicines. They may contain some standard drugs or even be made according to some formula of value. But there is always a valid objection against their use, and in a general way they are harmful.

The chief transgression chargeable to them are their methods of exploitation. The venders of the same make statements that are mystic, misleading, deceptive, extravagant or fraudulent, and the more exaggerated the claims are that are put forth, the better the success. Wonderful cures are reported. The curative properties of some drugs form a basis for statements heralding the preparation of Dr. X———. Sometimes these remedies do contain drugs "that form a habit," and then they are good "repeaters," for the patients will always want them again, for they make them feel good.

Others have a mysterious, high-sounding name, that is utterly at variance with the actual or possible action of the drugs contained.

Here are several hair restoratives that go under such names as "Anti-kinkiness," "Straightine," "Kinkine," "Glossine," etc., all of which are said to straighten out the hair, give it a rich luster, turn gray ones black again, etc., etc. In fact, they consist of suet, cocoa-nut oil, preparations of petroleum, etc., with some flavoring oils and coloring matters.

Consumption cures form another class of fraudulent preparations, that either do not contain what they claim or are put up according to the old trick of adding to such drugs that

are known a number that are not in the market; thus compelling the patient to send to the advertiser for the supply needed. Or there is sent a plaster of similar composition to our adhesive plasters. Or there is recommended a preparation of alcohol and phosphates, or alcohol and copper salts, etc.

For some years past Vin Mariani has been extensively advertised to the profession. What is it? A red wine, perhaps of the common Bordeaux variety, to which the tincture of cocoa leaves has been added, together with about 6 per cent of sugar.

Those who are interested in these matters had better read the *Journal of the American Medical Association* of the current year.

NEWS NOTES AND PERSONALS.

Send any news items or personals to the Local Editor of the Medical Forum, Dr. Maclay Lyon, 409 Deardorff Bldg.

George A. Cable, M.D., of Minneapolis, died October 30th.

Herbert W. Old, M.D., died November 7, 1906, at Minneapolis, Minnesota.

Kansas City Hahnemann closed for the Christmas holidays on Friday, December 21st.

Dr. W. E. Cramer accompanied a patient to San Antonio, Texas, early this month.

Dr. H. R. Winchell died at his home in Rich Hill, Mo., September 29th, aged 70 years.

Dr. Fraser, of Ringwood, Oklahoma, was in the city recently, having brought a case for operation.

The Medical Forum wishes its subscribers and readers a merry Christmas and a happy New Year.

Dr. G. W. Smith, 408 Deardorff Building, Kansas City, is specializing on mental and nervous diseases.

It is probable that the medical department of the Missouri State University will be located in Kansas City, Mo.

Dr. H. F. Fisher, of Kansas City, will spend the Christmas holidays in Texas, where his wife is spending the winter.

The Central Iowa Homeopathic Medical Association held its twenty-eighth annual session in Iowa City, December 12th.

Dr. Henry S. Gardner and wife have been making an extended visit in Colorado. *Progress* says they may locate there.

Dr. W. E. Green, of Little Rock, Ark., was in Kansas City a few days ago, paying a short visit to his sister, who lives here.

Dr. Bernhardt Fincke died at his home in Brooklyn, N. Y., at the age of 85. He was one of the old masters in Homeopathy.

Dr. David A. Strickler, of Denver, has removed his office to Suite 612, Empire Building, corner of Sixteenth and Glenarm streets.

Dr. D. T. Nicoll, of Topeka, Kansas, was painfully injured December 7th, in a runaway accident. The injuries are not dangerous.

Begin the new year right by subscribing for The Medical Forum. One dollar pays the bill. Send to Dr. W. E. Cramer, 1103 Main Street.

Dr. B. Starcke has discarded the Bell 'phone and put in a Home 'phone at his office and residence, 1420 Oak Street. The number is Main 7338.

There must still be plenty of snakes of the real kind in India, for the Government reports show that during the past year 21,797 persons died from snake-bite.

Kansas City now has a pure food law which conforms to the Federal pure food law, and even goes farther in the prohibition and regulation of adulteration in foods.

Isn't Kansas City getting saintly? Sunday closing of saloons, also closing from 1 a. m. to 5 a. m. and a new iron-clad pure food law, are some of the items of goodness.

Dr. T. H. Hudson has established himself in offices at 527 Shukert Building; Home 'phone, Main 6308; hours 10 to 1 and 4 to 6. His residence telephone is Home, East 2758.

Dr. Maclay Lyon, professor of gastro-enterology in Kansas City Hahnemann, spent Thanksgiving Day at Topeka with his parents, where he assisted in the demolition of large white turkey.

Dr. T. R. Gammage, of Kansas City, is constructing a store building and flat near his office and residence. The doctor has gotten wise to the fact that as a money-maker real estate has medicine beat a city block.

During the past year there were 2,054 persons killed by wild animals and 92,277 cattle fell prey to the inroads of these beasts. The effort to rid the country of these destroyers resulted in the killing of 16,915 wild animals.

The *Medical Century* very aptly points out that Polk's Medical Directory either willfully or ignorantly gives the homeopathic practitioners a black eye in reporting numbers. All we want is a square deal. Polk has failed to give this.

Dr. Lenore Perky, of Lincoln, Neb., was married on Thanksgiving Day to Mr. Joseph R. Webster. They will be at home after New Year's, at 1427 Chapin Street, Northwest, Washington, D. C. The Medical Forum extends congratulations.

There seems to be considerable of late in the medical journals about "dividing the fee," both in an editorial vein and in original articles. Kansas City surgeons and specialists are more or less conversant with this question. The patient pays for the extra slice.

The Illinois and Missouri State boards of health have adopted a rule that for those practitioners who have been in practice they will allow 5 per cent for each five years of practice. This is a good ruling, for it gives old practitioners a slight concession in the way of examination.

At the forthcoming session of the Kansas Legislature Dr. S. J. Crumbine, secretary of the State board of health, will have on exhibition an "impure food show," comprising articles of food on sale in the State which are adulterated. Some up-to-date legislation on this subject may be expected.

Dr. J. M. Patterson, professor of eye, ear, nose and throat diseases in Kansas City Hahnemann, will remove his offices, January 1st, to Rooms 408, 409 and 410, Keith & Perry Building, southwest corner of Ninth and Walnut streets, just one block north of his present location. His telephone numbers will be the same—both 'phones, Main 1478.

An old-school man high up in the organizations of his school recently visited Kansas City Hahnemann and afterward said: "I find in this school the best junior class of any of the colleges, and by far the best of any of the homeopathic colleges." And this man has visited all of them. Well, say! guess that will help some. And it may be said that the other three classes are stem-winders too. Kansas City Hahnemann is the best ever.

Joseph Huff, of Franklin County, Kansas, who was arrested on complaint filed by the State board of medical registration, has appealed to the Supreme Court. Huff is a laymen who claimed to have a cancer cure made of "yarbs" which he gathered. He claimed that he charged nothing for the treatment. However, the board claims that he did charge a fee. He was doing a land-office business in the cancer line, and the medical profession in his vicinity made "a holler."

Dr. St. Elmo Sanders, city physician of Kansas City, who was the first surgeon to use spinal analgesia in Kansas City, was operated upon a short time ago. Over 600 gall-stones were removed. The spinal analgesia failed to work in his case. The failure was said to be due to the fact that too small a dose for the size of the patient was used, and that the surgeon who was operating got "cold feet" and didn't want to operate on another surgeon while the latter was looking at him.

The American Institute of Homeopathy will meet at the Jamestown Exposition, near Norfolk, beginning June 17th. The committee on location has leased the "Inside Inn," a large hotel which is being constructed on the grounds, and there will be accommodations for all at a fixed, reasonable rate. The meetings of the Institute will be held in the Auditorium, on the Exposition grounds, and in various other assembly-rooms. It had been originally intended to meet at Norfolk, but it was found that hotel accommodations there were inadequate; hence the plan was adopted of meeting right on the grounds.

Kansas City will soon be well supplied with new office buildings. The R. A. Long Building, of fourteen stories, is nearing completion; the Commerce Building, of fifteen stories, has been begun; Bonfils, of Denver, will soon begin the erection of a twenty-story building; and at Eleventh and Walnut streets there will be begun soon buildings of six and ten stories respectively; the Scarritt Building, of ten stories, is nearing completion, and will be occupied almost exclusively by lawyers. In addition to this, there are in course of erection, or soon to be begun, no less than seven buildings, ranging in height from four to six stories, in the business portion. Guess we're going some!

DEATH FROM CHLOROFORM IN DENTIST'S CHAIR.

That chloroform should not be administered in an upright position, and may become dangerous at any time, has again been illustrated by a case reported in the *Journal of the American Medical Association*. The patient was an obese woman, 31 years of age, who had suffered much from indigestion. There were about fifteen teeth to be extracted and a physician was called to administer the anesthetic. When she appeared to be going under, the respiration and circulation suddenly stopped. All efforts to resuscitate were in vain. Though the examination of the patient's heart before the administration gave no symptoms of an unhealthy condition of the heart, the autopsy showed dilation and fatty degeneration.

17
DECEMBER



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1906

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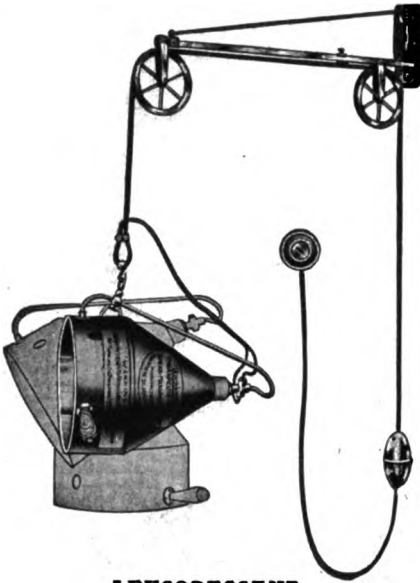
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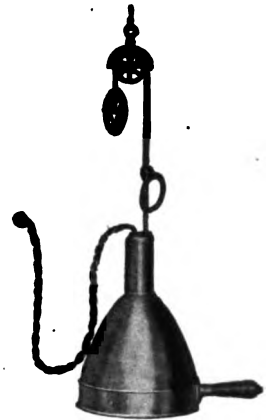
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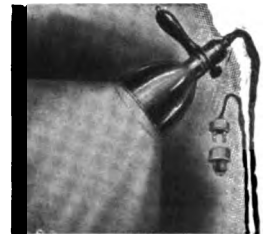
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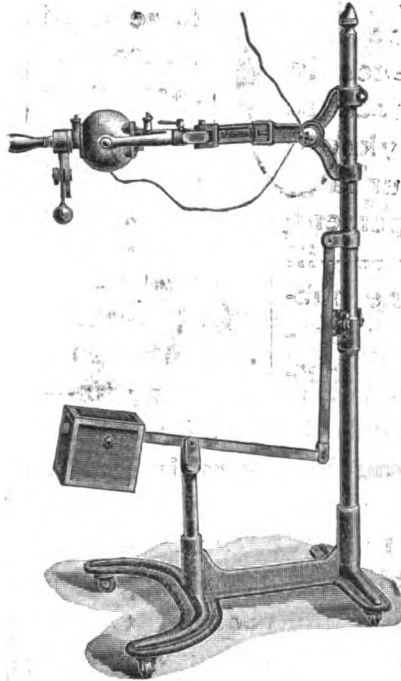


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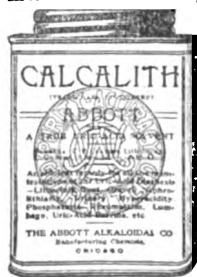
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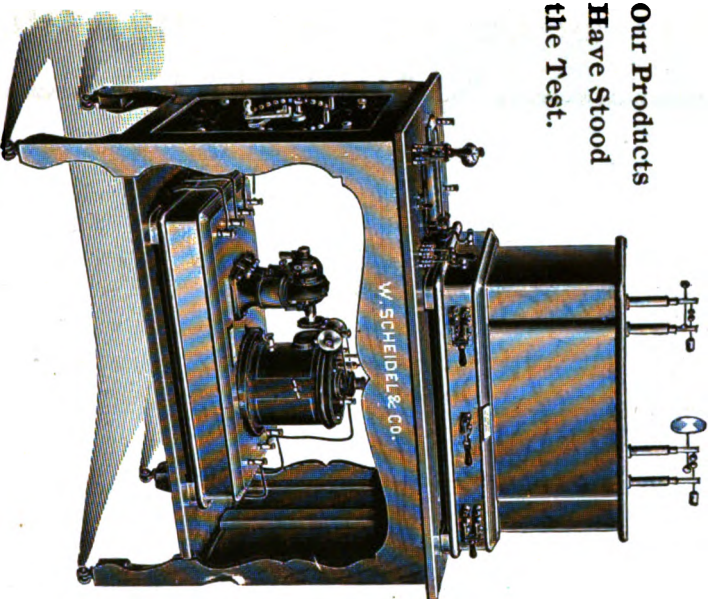
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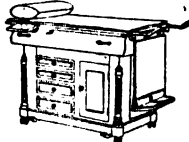
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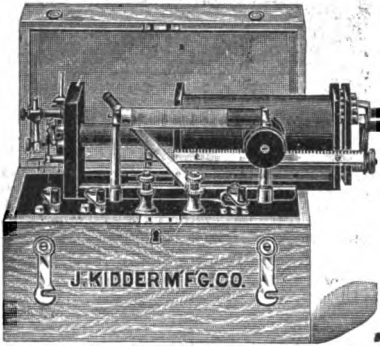
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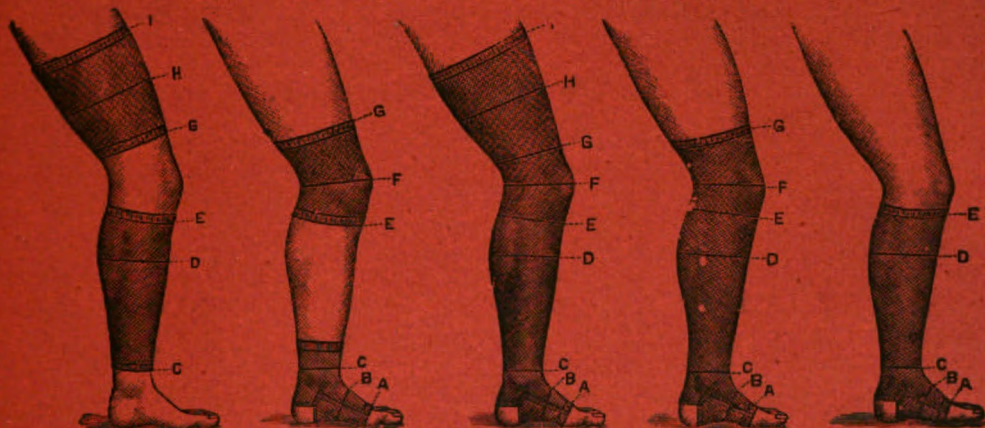
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